

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting		_	
IVIPS (Individual record inquirie	es) Current IVIPS n	umber, if applicable	
☐ Bulk vehicle/vessel records (Ba	atch process) Frequ	uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			
City of Tacoma Dept of Public Uti	lities		
Contract contact/manager (IVIPS and Bulk record	ls accounts)	Signing Authority name (B	ulk records accounts only)
Kyrra Wilson			
(Area code) Phone number Email (required for I)	VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(253) 502-8824 kwilson@cityo			
Physical address of business (Number and street, Cit	ty, State, ZIP code)		
3628 South 38th St., Tacoma WA			
Mailing address of business, if different (Address or F	PO Box, City, State, ZIP code)		
Provide one of Taxpaver Identification Num	ber (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
2 Provide a detailed explanation of your primary but	siness activity (exactly what ye	our business does).	
Tacoma Power, Dept. of Public U	tilition in a citizen a	wood alastria utility th	act aparatas faux budus alastria
projects in this state that includes			
located within Lewis, Pierce, Thur	rston, Mason and G	Grays Harbour countie	es.
3 Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		☐ Service bureau for another business
Auction	☐ Marina		Provide business name:
☐ Auto manufacturer or agent	☐ Neighborhood	block watch	Trovide business flame.
☐ Bail bonds	☐ Newspaper or		☐ Storage facility
☐ Bank or financing firm	☐ Non-profit orga		☐ Title/Escrow
☐ Business	☐ Parking enforce		☐ Toll facility
☐ Commercial parking company	Private investi		☐ Towing company
Credit union	Process serve		☐ Transporter
Data broker/Reseller	✓ Property mgm		Union (non-profit)
Debt recovery/Collection	☐ Property mgm		☐ Vehicle/Vessel dealer
	☐ Repossession		
☐ Employer/Prospective employer☑ Government	☐ Retail/Store	Service	I represent a business that will
	School - Priva	to	provide information to another party Provide business names:
Guardianship/Trustee service	School - Publi		riovide business names:
Homeowner association			Other (evalein)
Hospital	Scrap process		Other (explain)
Hulk hauler	✓ Security service		
Insurance company/agent	Security service	res - Private	

8	Check all that apply
	☑ I represent a government agency. Agency name: <u>City of Tacoma, Dept of Public Utilities</u>
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 ☐ I represent a Washington State business. Attach legible copies of: your current business license
	 any/all professional licenses that you possess I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
	 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	 □ I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: • subscriber roster (provided on page 4) • subscriber agreements
	 I am an attorney.* Attach legible copies of: your current business license your current bar card
	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
	/henever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
rep	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal ninal fines under the DPPA and RCW 46.12.640
	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.
	Lands Officer Title
	19/2014 Pierce Co. X Kyrra Wilson and place (county) signed Signature
Fed	eral Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email .	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible use	1
	Does the subscriber provide information an attorney or private investigator?	to		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

IVIPS Use and Disclosure Contract Attachment B User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name City of Tacoma, Dept of Public Utilities	IVIPS account number
TYPE or PRINT Employee name No other users	User sub-account number
2. Employee name	User sub-account number
3. Employee name	User sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number

This form may be duplicated.



Vehicle/Vessel On-line Access **Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Mail Vehicle Records Disclosure Unit Department of Licensing

PO Box 2957 Olympia, WA 98507 (360) 570-7895

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

npany/Agency name Lega	I Investigations			Websile	none	
Contact name. Primary applicant and contract manager Stephen Robinson (Area code) Telephone number (206) 878-4100				anet.com		
itact name 2 (if applicable)		(Arca cod	e) Tolophone number	Email (requir	(bea)	
sical address of business (num 22030 7th Avenue		1		1		
Des Moines				State Washington)	ZIP code 98198-6219
ling address of business (if diffe	rent)			Anna de Servicio de Caracterio		
	74			State		ZIP code
ovide one of ese identifiers	Taxpayer Identification Num	Number (TIN) Employer Identification Number (EIN		L cation Number (EIN)		Unified Business Identifier (UBI)
ese Identifiers						

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Process service, tort law and criminal defense. Vehicle/vessel information used to effect service of process, identify and locate tort feasors and to locate witnesses.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Contact for the purposes of effecting service of process, subpoening persons, and interviewing witnesses. Name, address and vehicle information will sometimes be provided to prosecutors and/or attorneys. The record itself will not be disclosed or provided to anyone.



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 (360) 570-7895

Fax

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

Mail

Company/Agency name Legal In	nvestigations			Website	none	
Contact name. Primary applicant and contract manager Stephen Robinson (Area code) Telephone (206) 878-41						
Contact name 2 (if applicable)		(Area code) Telephone number Email		Email (requ	ired)	
Physical address of business (number a 22030 7th Avenue S						
City Des Moines			Washington		ZIP code 98198-6219	
Mailing address of business (if different)						
Cily				State		ZIP code
Provide one of these identifiers	Wide One of		Employer Identific	cation Number (EIN)		Unified Business Identilier (UBI) 01707818
Answer the following						

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Process service, tort law and criminal defense. Vehicle/vessel information used to effect service of process, identify and locate tort feasors and to locate witnesses.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Contact for the purposes of effecting service of process, subpoening persons, and interviewing witnesses. Name, address and vehicle information will sometimes be provided to prosecutors and/or attorneys. The record itself will not be disclosed or provided to anyone.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- · Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Stephen Robinson

10/03/2017

Date and place (county) signed

Signature of business or prognization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087



4608-

ROBINSON, STEPHEN CHARLES LEGAL INVESTIGATIONS MARINA PROFESSIONAL CENTER 22030 7TH AVE S STE 202 DES MOINES WA 98198-6219

DETACH BEFORE POSTING



BUSINESS LICENSE

Sole Proprietorship

STEPHEN CHARLES ROBINSON LEGAL INVESTIGATIONS MARINA PROFESSIONAL CENTER 22030 7TH AVE S STE 202 DES MOINES, WA 98198-6219 Unified Business ID #: 601707818 Business ID #: 001

Location: 0001

Expires: Sep 30, 2017

PRIVATE INVESTIGATIVE AGENCY #670

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: ROBINSON, STEPHENCHARLES

REGISTERED TRADE NAMES: LEGAL INVESTIGATIONS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Tick Smith

Director, Department of Revenue

STATE OF WASHINGTON DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION





ARMED PRIVATE INVESTIGATOR PRINCIPAL, CERTIFIED TRAINER

LEGAL INVESTIGATIONS STEPHEN C ROBINSON MARINA PROFESSIONAL CENTER 22030 7TH AVE S STE 202 **DES MOINES WA 98198-6219**

1695

License Number

09/12/1996

Issued Date

09/30/2018

Expiration Date

Licensee Released -

Termination Date



Vehicle/Vessel Contract Application

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Method of access you are requesting			
X IVIPS (Individual record inquirie	s) Current IVIPS n	umber if applicable	
☐ Bulk vehicle/vessel records (Ba			One time Periodic Regular
PRINT or TYPE Company/Agency name			
1ST RESPONSE TOWING INC D	BA THE TOW TRU	ICK COMPANY INC	
Contract contact/manager (IVIPS and Bulk records		Signing Authority name (Ba	ulk records accounts only)
MEGAN HARDISON	, accounty,		,,
Area code) Phone number Email (required for IV	IDS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(702) 434-7175 IMMZREESE@	GMAIL COM	V. 100, 2227, 11212	,
Physical address of business (Number and street, City			
3975 W HACIENDA AVE LAS VE			
Mailing address of business, if different (Address or P			
SAME AS ABOVE			
Provide one of Taxpaver Identification Numb	per (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
	iness activity (exactly what y	our business does).	- (1) 1010 OCOOCI
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Check all that apply to you and/or your business	17.47	· · ·	
☐ Attorney	☐ Lien service		☐ Service bureau for another busines
☐ Auction	Marina		Provide business name:
☐ Auto manufacturer or agent ☐ ∴	☐ Neighborhood	I block watch	Trovido babilloso riamo.
Bail bonds	☐ Newspaper or		☐ Storage facility
	☐ Non-profit org		☐ Title/Escrow
Bank or financing firm Business	☐ Parking enforce		☐ Toll facility
	☐ Private investi		✓ Towing company
Commercial parking company	Process serve	•	☐ Transporter
Credit union		nt Government	☐ Union (non-profit)
Data broker/Reseller			☐ Vehicle/Vessel dealer
Debt recovery/Collection	Property mgm		☐ I represent a business that will
Employer/Prospective employer	☐ Repossession ☐ Retail/Store	Service	provide information to another par
Government	School - Priva	to	Provide business names:
Guardianship/Trustee service			Flying phantess names.
Homeowner association	School - Publi		Other (evolain)
☐ Hospital		sor or wrecker	☐ Other (explain)
Hulk hauler		ces - Government	
Insurance company/agent	Security servi	ces - Private	- MANA

TO NOTIFY OWNER /LIEN HOLDER OF IMPOUNDED VEHICLE
Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
If yes, who will you provide or sell the information?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws? WE KEEP CIL RECOVES CONFIDENTED
How will you provide the information to recipients? Explain. BY CERTIFIED MAIL
•
6 Owner contact
Will you contact the vehicle/vessel owner?
7 Answer the following
Do you agree not to sell or provide the information to any third party that has not been disclosed
as part of this application?
Do you agree not to use the information for any purpose other than reasons stated on this application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ✓ Yes □ No

Crosk-all Materphy		
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?		
tor carrying out the functions of your agency?		
 your current business licenses arry/all professional licenses that you possess I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent. I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: aubscriber agreements I am an atterney. Attach legible copies of: your current business license your current business license your current Private Investigator icense your current Private Investigator icense your current Private Investigator icense Your current business license *Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635 *Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal informat		for carrying out the functions of your agency? No
Washington, attach a legible copy of either: • your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). I am a process server. Attach legible copies of: • your current business license • anyfall professional licenses that you possess • registration for county jurisdictions I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: • Your Tax Exempl Status from the Internal Revenue Services (501)(c)(3) • Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent. I represent a data broker/ reseller — attach a legible copy of your current business license. IVIPS applicants must also include: • subscriber roster (provided on page 4) • subscriber roster (provided on page 4) • subscriber agreements I am an attorney.* Attach legible copies of: • your current business license • your current business license • your current Private Investigator.* Attach legible copies of: • your current business license *Whenever an attorney or private investigator license *Whenever an attorney or private investigator from an Individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 Sty signing or typing your name, you are certifying under benafty of perjury under the laws of the state of Washington that the foregoing is true and correct.		your current business license
 your current business license any/all professional licenses that you possess registration for county jurisdictions I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent. I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements I am an attorney.* Attach legible copies of: your current business license your current business license your current business license your current private investigator license your current business license *Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635 Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the faws of the state of Washington that the foregoing is true and correct. TITLE/LEN CLERK 	Ø	 Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must
1. Attach a legible copy of one of the following: • Your Articles of Incorporation, filed with the Secretary of State • Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) • Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent. □ I represent a data broker/reseller — attach a legible copy of your current business license. IVIPS applicants must also include: • subscriber agreements □ I am an attorney.* Attach legible copies of: • your current business license • your current business license • your current business license • your current Private Investigator.* Attach legible copies of: • your current Private Investigator license • your current business license *Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635 *Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		 your current business license any/all professional licenses that you possess
IVIPS applicants must also include: • subscriber roster (provided on page 4) • subscriber agreements ☐ I am an attorney.* Attach legible copies of: • your current business license • your current bar card ☐ I am a private investigator.* Attach legible copies of: • your current Private Investigator license • your current business license *Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635 Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an Individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 your current business license your current bar card I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license *Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635 Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an Individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. TITLE/LIEN CLERK		IVIPS applicants must also include: • subscriber roster (provided on page 4)
 your current Private Investigator license your current business license *Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635 Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an Individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. 		your current business license
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		your current Private Investigator license
representation to obtain any personal information from an Individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. TITLE/LIEN CLERK		
the foregoing is true and correct. TITLE/LIEN CLERK	repre	sentation to obtain any personal information from an individual's motor vehicle record is subject to federal
Title		regoing is true and correct.
4/2/2015 X \ \ / \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \	AIDID	
Date and place (county) signed Signature		

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

BUSINESS LICENSE

City of Las Vegas . Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: A29-00123

HENEWAL DATE: 11/1/2014

EXPIRE DATE: 11/1/2015

TYPE OF LICENSE, A23, AUTOMOBILE TOWING SERVICE
ARTO TOWING SERVICE

BUSINESS LOCATION: 3975 W HACIENDA AVE

ISSUED TO:

IST RESPONSE TOWNSTING 3975 W HACIENDA AV LAS VEGAS, NV. 89178

DAM LEDUCAL

Dispiness Licensing Manager / O

Failure to maintain an aptive style livenson SNHD health permit, if required, renders this business livense invalid.

Post in a conspicuous place.

CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2000048-048-160

- NAICS CODE:

LICENSE PERIOD BEGINS: 12/01/2014

LIGENSE EXPIRATION DATE: 11/30/2015

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

TSSUED TO:

The Tow Truck Company 3975 W Hacterda Ave Las Vegas, NV 89118

BUSINESS LOCATION ADDRESS:

2975 W Hacienda Ave Las Veces NV 89118

TYPE OF LICENSE Motor Websche fowing

LAND USE: M-1

Current Planning Comments :

M-1 zone. Approved for tolking company.

OSAMANAE

ISSUANCE OF A BUSINESS LICENSETS NOT AN ENDORSEMENT OF THE BUSINESS PRACTICE OF THE LICENSEE.

Please See Reverse Side For Additional Information

JACQUELINE R. HOLLOWAY

Jacqueline R. Hollowey.

Director of Business License

DEPARTMENT OF BUSINESS LICENSE

500 S Grand Central Pky Box 551810

Las Vegas NV 89155-1810 Phone: (702) 455-4252

01/09/2011 14:21 5095345579 2 WAY AUTO SALES PAGE 01/04



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting	A CONTRACTOR OF THE PARTY OF TH		
✓ IVIPS (Individual record inquiries	c) Current IVIPS n	umber if applicable	
Bulk vehicle/vessel records (Ba		iency <i>(check one)</i> :	One time Periodic Regular
PRINT or TYPE Company/Agency name	corprocessy requ	·	One line at rendire in regular
2 Way Auto Sales			
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (Ba	ulk records accounts only)
Ann Windham	, 222511129		,
	IPS and Bulk records)	(Area code) Phone number	Emeil (required for Bulk records)
(509) 534-5580 ABwindh@msr		, ,	,
Physical address of business (Number end street, City			
4508 E Sprague Ave, Spokane Va			
Mailing address of business, if different (Address or Po	O Box, City, State, ZIP code)		
Provide one of Taxpayer Identification Numb	er (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
Check all that apply to you and/or your business Attorney Auction	☐ Lien service ☐ Marina		Service bureau for another busines Provide business name:
Auto manufacturer or agent	Neighborhood	block watch	
☐ Bail bonds	Newspaper or		Storage facility
Bank or financing firm	Non-profit org		☐ Title/Escrow
Business	Parking enforce		☐ Toll facility
Commercial parking company	Private investi		Towing company
Credit union	Process serve		☐ Transporter
Data broker/Reseller		t Government	Union (non-profit)
Debt recovery/Collection	Property mgm		☑ Vehicle/Vessel dealer
Employer/Prospective employer	Repossession	service	☐ I represent a business that will
Government	☐ Retail/Store	N	provide information to another par
Guardianship/Trustee service	☐ School - Priva		Provide business names:
Homeowner association	School - Publi		Other (avalain):
☐ Hospital	Scrap process		Other (explain)
Hulk hauler		ces - Government	
☐ Insurance company/agent	 Security servi 	ces - Private	

Explain in detail why you need vehicle/vessal information. Give examples. Attach additional pages if necessary. When a person wants to trade in a vehicle, we need to verify that the vehicle doesn'	t have liens and is
owned by that person.	
	•
	•
Redisclosure and/or selling of information	□ Coli □ Déovido Œ No
Will you sell or provide the information to anyone else?	. L. Seil L. Flovide E INO
If no, skip to Section 6. If yes, who will you provide or sell the information?	•
if yes, who will you provide or sell the information?	
	_
	·
The release and redisclosure of personal information is restricted by state and federal laws recipients are entitled to personal information under these laws?	s. How do you ensure
	176
How will you provide the information to recipients? Explain.	
·	
Owner contact	
Will you contact the vehicle/vessel owner?	
Unsolicited business contact for commercial purposes is strictly prohibited.	
If yes, why will you contact the owner and how will you contact them?	
	•
	•
Answer the following	• 181 5-1 7 .
1. Do you agree not to sell or provide the information to any third party that has not been	disclosed
as part of this application?	ZYes 🗆 No
2. Do you agree not to use the information for any purpose other than reasons stated on t	
	izi Van II Na
application?	

Check all that apply	
🗀 i represent a government agency. Agency	
Do you agree the information you receive w for carrying out the functions of your agency	ill only be used in an official capacity and solely /?□ Yes □ No
 I represent a Washington State business your current business license any/all professional licenses that you pos 	•
 I represent a business outside Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or a 	on State. If your business is not required to be licensed in the state of nuthorized representative indicating you are their agent. The letter must liber (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible copie your current business license any/all professional licenses that you pose registration for county jurisdictions 	es of:
 I represent a non-profit organization or of the following. Your Articles of Incorporation, filed with the four Tax Exempt Status from the Interest of Other documents reviewed and approximate a letter with a signature of the buagent. 	ng: h the Secretary of State
 ☐ I represent a data broker/reseller – attach IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements 	n a legible copy of your current business license.
 I am an attorney.* Attach legible copies of: your current business license your current bar card 	in the state of th
 I am a private investigator.* Attach legible your current Private Investigator license your current business license 	copies of:
*Whenever an attorney or private investigator to the vehicle owner. RCW 46.12.635	accesses a vehicle record in IVIPS, we will send a notification letter
Knowingly making a false statement or concea epresentation to obtain any personal informat criminal fines under the DPPA and RCW 46.12.	iling a material fact required in this request or making false ion from an individual's motor vehicle record is subject to federal 640
By signing or typing your name, you are certifying the foregoing is true and correct.	under penalty of perjury under the laws of the state of Washington that
	Bookkeeper
	Title A

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

4-8-2015 Spokane
Date and place (county) signed

UNEMPLOYMENT INSURANCE



BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 601 437 438

Business ID #: 1 Location: 1

Expires: 01-31-2016

NOTSHE, INC. 2 WAY AUTO SALES 4508 E SPRAGUE AVE SPOKANE VALLEY WA 99212 0805

TAX REGISTRATION INDUSTRIAL INSURANCE MOTOR VEHICLE DEALER #1719

CITY LICENSES/REGISTRATIONS: SPOKANE VALLEY GENERAL BUSINESS

MISCELLANEOUS VEHICLE DEALER #6708

LICENSING RESTRICTIONS Not licensed to hire minors without a Minor Work Permit

REGISTERED TRADE NAMES: 2-WAY-AUTO-SALES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

2nd Chance Bail 3603500089

p.1

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting			
X IVIPS (Individual record inquiries	s) Current IVIPS n	umber, if applicable	
☐ Bulk vehicle/vessel records (Bat	tch process) Frequ	ency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			
2nd Chance Bail B.	ands, lic		
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (B	ulk records accounts only)
Jannifer		Jann for	
(Area code) Phone number Email (required for IV)	IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
	lchance bail org	340.350.0089	
Physical address of business (Number and street, City	State, ZIP code)		
124 Strate Ave			
Mailing address of business, if different (Address or Po	O Box, City, State, ZIP code)		
Olympia, WA 98501			
Provide one of Taxpayer Identification Numb	er (TIN) Emolove	r Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			605463334
2 Provide a detailed explanation of your primary bus	iness activity (exactly what yo	our business does).	1
· Cherts will use their w	mile for collab	rul on Bail	sonts. The is own
to verify ownership.			
of vertigation and street	- AL: L +	tale Avoir con	ext and attempt to
- The also see to sky TV	ace clem 13	ways .	
- rue also size to sky the Fixe. The is very to Lo	aste orner s	a com contract	-Vin Vs.
Check all that apply to you and/or your business			
☐ Attorney	Lien service		☐ Service bureau for another business
☐ Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	Neighborhood	block watch	
∠ Bail bonds	☐ Newspaper or	media	☐ Storage facility
Bank or financing firm	☐ Non-profit orga	anization	☐ Title/Escrow
Business	Parking enforce	ement	☐ Toll facility
Commercial parking company	Private investi	gator	☐ Towing company
☐ Credit union	Process serve	r	Transporter
Data broker/Reseller		t Government	Union (non-profit)
Debt recovery/Collection	Property mgm	t Private	☐ Vehicle/Vessel dealer
Employer/Prospective employer	Repossession	service	☐ I represent a business that will
☐ Government	☐ Retail/Store		provide information to another party
Guardianship/Trustee service	School - Priva	te	Provide business names:
☐ Homeowner association	School - Publi	c	
☐ Hospital	Scrap process	or or wrecker	Other (explain)
Hulk hauler	Security service	ces - Government	***************************************
Insurance company/agent	Security service	ces - Private	

2nd Chance Bail 3603500089 p.2

3 Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely /for carrying out the functions of your agency?
represent a Washington State business. Attach legible copies of: • your current business license • any/all professional licenses that you possess
 □ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
 □ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635 Knowingly making a false statement or concealing a material fact required in this request or making false
representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington tha the foregoing is true and correct.

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	SEE ATTACHED
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6. If yes, who will you provide or sell the information?
	in you, who will you provide or boil the intermediation
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws? NIA
	How will you provide the information to recipients? Explain. ω/ϕ
6	Owner contact Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
7	Answer the following
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	unsolicited business contact, or promoting the sale of any goods or services?

2nd Chance Bail 3603500089 p.4



BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 463 334

Business ID #: 1 Location: 2

Expires: 02-29-2016

2ND CHANCE BAIL BONDS, LLC 124 STATE AVE NE OLYMPIA WA 98501 1131

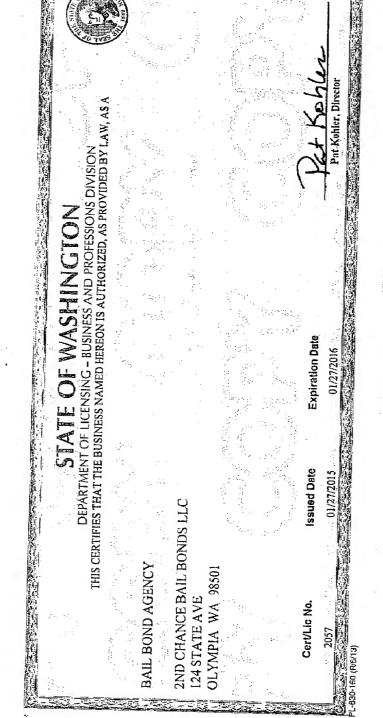
TAX REGISTRATION

CITY LICENSES/REGISTRATIONS: OLYMPIA GENERAL BUSINESS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

like Smith

Director, Department of Revenue



State of Washington
Business Licensing Service

Office of the Secretary of State Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 603 463 334

Business ID #: 1

Expires: 01-31-2016

2ND CHANCE BAIL BONDS, LLC 124 STATE AVE OLYMPIA WA 98502

Domestic Limited Liability Company Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES: SECOND CHANCE BAIL BONDS

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Kin Ulyna-Secretary of Say 2nd Chance Bail 3603500089 p.7

Explain in detail why you need vehicle/vessel information:

Example 1: Client wants to bail a member of their family out of jail. Due to qualifications we are asking for a vehicle for collateral. To establish ownership we must run the individual through IVIPS.

Example 2: Client fails to comply with their bond agreement and we must pursue our interest in collateral. It assist in the location and ownership of the vehicle.

Additionally, We need to have Name access on IVIPS to allow us to search clients by name when they do not know their license plate info and to verify ownership by name.

Thanks,

2nd Chance Bail



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

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Fees

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Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access	vou ere requesting			
	you are requesting dividual record inquirie	an) Current IVIDC n	umber if applicable	
	cle/vessel records (Ba		number, if applicable uency (check one): \Box	One time Periodic Regular
PRINT or TYPE Comp				
	stee Services, Inc.			
	nager (IVIPS and Bulk record	ls accounts)	Signing Authority name (B	ulk records accounts only)
Christina Tayl				
(Area code) Phone nu		VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(425) 586-190		westtrustee.com		
	siness (Number and street, Ci			
	h St., Ste 100, Belle			
Mailing address of bus	iness, if different (Address or I	PO Box, City, State, ZIP code)		
Provide one of these identifiers:	Taxpayer Identification Num	ber (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI) 602 376 725
Attorney	y to you and/or your business	Lien service		☐ Service bureau for another busines
Auction		☐ Marina		Provide business name:
	cturer or agent	Neighborhood		
Bail bonds		Newspaper or		Storage facility
Bank or final	ncing firm	☐ Non-profit orga		Title/Escrow
Business	1.*	☐ Parking enforce		☐ Toll facility
	parking company	☐ Private investi	•	☐ Towing company
☐ Credit union☐ Data broker/	Deceller	☐ Process serve		☐ Transporter
Data broker/ Debt recover		☐ Property mgm	t Government	☐ Union (non-profit) ☐ Vehicle/Vessel dealer
	ospective employer	Repossession		☐ I represent a business that will
☐ Government		Retail/Store	SCI VICE	provide information to another par
_	o/Trustee service	School - Priva	te	Provide business names:
Homeowner		School - Publi		
☐ Hospital		☐ Scrap process		Other (explain)
☐ Hulk hauler			ces - Government	Trustee company/foreclosures
	mnany/agent	Security service		

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
NTS handles non-judicial foreclosure. In order to foreclose on a manufactured structure, we must identify the current state of the title and the current registered and legal owners. If the manufactured home has not been "detitled," NTS will assist the lenders in completing the elimination process.
Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
If yes, who will you provide or sell the information? Information may be supplied to the mortgage lenders who have retained NTS to handle the non-judicial foreclosure.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws? Information will only be disclosed to banks with an interest in the real property and manufactured home.
How will you provide the information to recipients? Explain.
Information will be sent via email.
6 Owner contact Will you contact the vehicle/vessel owner?
Unsolicited business contact for commercial purposes is strictly prohibited.
If yes, why will you contact the owner and how will you contact them?
Conact may be made via mail services and/or posting foreclosure notices at the property. Foreclosure notice will be sent to the current owner(s). Also, a request to assist in detitling the home may be sent.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? Ves. \text{Ves.}

8 Check all that apply	
☐ I represent a government agency. Agen	
Do you agree the information you receive for carrying out the functions of your agen	will only be used in an official capacity and solely cy?□ Yes □ No
 I represent a Washington State busines your current business license any/all professional licenses that you per 	
Washington, attach a legible copy of eithe • your current business license • a letter with a signature of the owner or	gton State. If your business is not required to be licensed in the state of er: authorized representative indicating you are their agent. The letter must limber (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible cope your current business license any/all professional licenses that you perform registration for county jurisdictions 	pies of:
	wing: vith the Secretary of State
 ☐ I represent a data broker/reseller – atta IVIPS applicants must also include: • subscriber roster (provided on page 4) • subscriber agreements 	ch a legible copy of your current business license.
 I am an attorney.* Attach legible copies of your current business license your current bar card 	of:
 I am a private investigator.* Attach legib your current Private Investigator license your current business license 	•
*Whenever an attorney or private investigato to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
	ealing a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifying the foregoing is true and correct.	ng under penalty of perjury under the laws of the state of Washington that
	Title Review/Title Resolution Manager
3/16/15/ Clackamas County, OR	X Christina Taylor
Date and place (county) signed	Signature
Federal Driver Privacy Protection Act (DPPA) 18	U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use	•	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	1
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code	ı	Subscriber's permissible use	1
	Does the subscriber provide information an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting			
✓ IVIPS (Individual record inquiri	es) Current IVIDS	number, if applicable	
☐ Bulk vehicle/vessel records (Ba		uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name	aton processy Treq	dericy (check one).	One time in renodic in riegular
Financial Assistance Inc			
Contract contact/manager (IVIPS and Bulk record	is accounts)	Signing Authority name (B	ulk records accounts only)
Cella Heckman	,		,,
	VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(425) 641-3235 checkman@fa	aicollect.com		
Physical address of business (Number and street, Co			
1130 140th Ave N.E. Ste 100A			
Mailing address of business, if different (Address or I	PO Box, City, State, ZIP code)		***************************************
Bellevue WA 98005			
Provide one of these identifiers:	nber (TIN) Employ	er Identification Number (EIN)	WA Unified Business Identifier (UBI) 600-640-087
2 Provide a detailed explanation of your primary bu	siness activity (exactly what y	your husiness does)	1
3 Check all that apply to you and or your business			
☐ Attorney ☐ Auction	☐ Lien service ☐ Marina		Service bureau for another busines. Provide business name:
_	☐ Neighborhood	d blook wotab	Provide business name.
☐ Auto manufacturer or agent☐ Bail bonds	☐ Newspaper o		☐ Storage facility
Bank or financing firm	☐ Non-profit org		☐ Title/Escrow
Business	Parking enfor		☐ Toll facility
☐ Commercial parking company	☐ Private invest		☐ Towing company
☐ Credit union	☐ Process serve		☐ Transporter
☐ Data broker/Reseller		nt Government	Union (non-profit)
☑ Debt recovery/Collection	☐ Property mgn		☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer	Repossession		☐ I represent a business that will
Government	☐ Retail/Store		provide information to another part
☐ Guardianship/Trustee service	☐ School - Priva	ate	Provide business names:
☐ Homeowner association	☐ School - Publ	ic	
☐ Hospital		sor or wrecker	☐ Other (explain)
Hulk hauler		ces - Government	
☐ Insurance company/agent	☐ Security servi	ces - Private	

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Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.				
See attached item 4				
5	Redisclosure and/or selling of information			
	Will you sell or provide the information to anyone else?			
	If no, skip to Section 6.			
	If yes, who will you provide or sell the information?			
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure			
	recipients are entitled to personal information under these laws?			
	How will you provide the information to recipients? Explain.			
6	Owner contact			
	Will you contact the vehicle/vessel owner?			
	Unsolicited business contact for commercial purposes is strictly prohibited.			
	If yes, why will you contact the owner and how will you contact them?			
_	·			
	ontact by phone or letter or both. When the person identified is owing debt they will be contacted for ayment of the obligation. They are contacted because they owe the debt to the government agency.			
	ee attached a. and b.			
٠				
7	Answer the following			
	Do you agree not to sell or provide the information to any third party that has not been disclosed			
	as part of this application?			
	2. Do you agree not to use the information for any purpose other than reasons stated on this			
	application?			
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making			
	unsolicited business contact, or promoting the sale of any goods or services?			

- 4. We perform collections for institutions of higher education and as such often times individuals "skip" leaving no new forwarding address. Vehicle-Vessel assists in locating individuals that owe monies to these institutions by providing addresses that may have been updated in the previous 12 month period. We typically use this service by name rather than by plate.
- 6. a. We contact the vehicle owner if they are the individuals that owe the money to the institutions.
- b. By obtaining the address of the individual that owes the money, we may contact them via letter requesting payment of the obligation. Or, we may cross-reference the address using a different location information database and if the phone number is available call the individual and request payment of the outstanding obligation.

-	
_	eck all that apply
	I represent a government agency. Agency name:
_	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
	 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess
	registration for county jurisdictions
	 I represent a non-profit organization or corporation. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
	I am an attorney.* Attach legible copies of: your current business license your current bar card
	I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
	never an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter e vehicle owner. RCW 46.12.635
epres rimin	ngly making a false statement or concealing a material fact required in this request or making false entation to obtain any personal information from an individual's motor vehicle record is subject to federal al fines under the DPPA and RCW 46.12.640
	ning or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that egoing is true and correct.
_/	VP Compliance Title Xella Harman
14	115 KING X(Illa Harman
ăte and	place (county) signed Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



BUSIKESS LIGENSE

Domestic Profit Corporation

Unified Business (1) 8: Business (1) 4:

UNEMPLOYMENT INSURANCE

Location: 1 Expires: 04-30-2016

FINANCIAL ASSISTANCE, INC. 1130 140TH AVE NE STE 100A BELLEVUE WA 98005

TAX REGISTRATION INDUSTRIAL INSURANCE COLLECTION AGENCY

CITY LICENSES/REGISTRATIONS:
BELLEVUE GENERAL BUSINESS #030922

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Pe

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
ㄴ				
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	.
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code	. ,	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

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FAX COVER SHEET

ТО	
COMPANY	
FAX NUMBER	13605707895
FROM	Cheri Hill
DATE	2014-12-05 21:35:27 GMT
RE	Fwd: IVIPS APP Renewal

COVER MESSAGE

----- Forwarded message -----

From: Cheri Hill <cheri@4-hautosales.com>

Date: Fri, Dec 5, 2014 at 11:15 AM Subject: IVIPS APP Renewal To: 3605707895@efaxsend.com

*Thank You, *

^{*}Thank You, *

^{*}Cheri Hill*

^{*}DIr # 7714*

^{*15814} NE 182nd Ave*

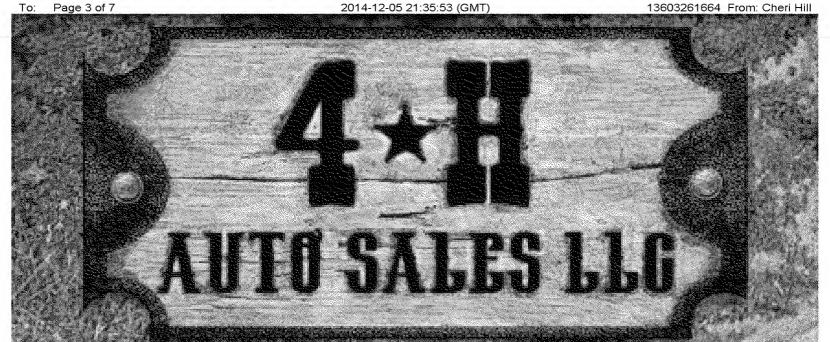
^{*}Brush Prairie, WA 98606*

^{*}Office:360.718.7940 <360.718.7940> Cell:503.931.8879 <503.931.8879>*

^{*}http://www.4-hautosales.com/ <http://www.4-hautosales.com/>*

^{*}Cheri Hill*

- *DIr # 7714*
- *15814 NE 182nd Ave*
- *Brush Prairie, WA 98606*
- *Office:360.718.7940 Cell:503.931.8879*
- *http://www.4-hautosales.com/ <http://www.4-hautosales.com/>*



WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Contract contact/manager (IVIPS and Bulk records accounts) Contract contact/manager (IVIPS and Bulk records accounts) Contract contact/manager (IVIPS and Bulk records accounts) Contract contact/manager (IVIPS and Bulk records) Contract contact/manager (IVIPS and Bulk records) Signing Authority name (Bulk records accounts only) Check all that apply to you and/or your business Attorney Auto manufacturer or agent Bank or financing firm Non-profit organization Signing Authority name (Bulk records accounts only) Signing Authority name (Bulk records accounts only) Check all that apply to you and/or your business activity (exactly what your business does). Signing Authority name (Bulk records accounts only) Check all that apply to you and/or your primary business activity (exactly what your business does). Check all that apply to you and/or your business Attorney Auto manufacturer or agent Bank or financing firm Non-profit organization Signing Authority name (Bulk records accounts only) Check all that apply to you and/or your business activity (exactly what your business does). Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business Check all that apply to you and/or your business activity (exactly what your business does). Check all that apply to you and/or your business activity (exactly what your business does). Check all that apply to you and/or your business activity (exactly what your business does). Check all that apply to you and/or your business activity (exactly what your business does). Check all that apply to you and/or your business activity (IVIPS (Individual record inquiri		CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PARTY OF TH	
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Check all that apply to you and/or your business Chec	Contract contact/manager ////PS and Bulk manager	A 1-4-6		
Physical address of business (Number and street, City, State, ZIP code) 15814 NE 1924 A BE SYLES Francis (BM) Mailing address of business, if different (Address or PO Box, City, State, ZIP code) Provide one of these identification Number (TIN) Employer Identification Number (EIN) (BM) These identifiers: Provide a detailed explanation of your primary business activity (exactly what your business does). Buy, Sell Trade used Cars Check all that apply to you and/or your business Attorney Lien service Service bureau for another business name: Auction Marina Provide business name: Autto manufacturer or agent Neighborhood block watch Bail bonds Newspaper or media Storage facility Bank or financing firm Non-profit organization Title/Escrow Business Provide address (Number (City, State, ZIP code) 78606 98606 WA Unitied Business identifier (UBI)	Cheri Hill	,	Signing Authority name (Bi	ulk records accounts only)
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☐ Bank or financing firm ☐ Non-profit organization ☐ Title/Escrow ☐ Business ☐ Parking enforcement ☐ Toll facility	☐ Auction	☐ Marina		
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Ton racinty	☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds	☐ Marina ☐ Neighborhood b ☐ Newspaper or m	nedia [Provide business name: Storage facility
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pinon (non-pront)	☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds ☐ Bank or financing firm ☐ Business ☐ Commercial parking company ☐ Credit union	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server	nedia [nization [ment [ator [Provide business name: Storage facility Title/Escrow
☐ Debt recovery/Collection ☐ Property mgmt Private ☐ Vehicle/Vessel dealer	☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds ☐ Bank or financing firm ☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt.	nedia [nization [ment [ator [- Government [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Junion (non-profit)
Employer/Prospective employer	☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds ☐ Bank or financing firm ☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt. ☐ Property mgmt.	nedia [nization [ment [ator [- Government [- Private [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Junion (non-profit)
☐ Government ☐ Retail/Store provide information to another par	☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds ☐ Bank or financing firm ☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt. ☐ Property mgmt. ☐ Repossession se	nedia [nization [ment [ator [- Government [- Private [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
Guardianship/ trustee service	☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds ☐ Bank or financing firm ☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt. ☐ Property mgmt. ☐ Repossession se	nedia [nization [ment [ator [- Government [- Private [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
☐ Homeowner association ☐ School - Public	☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds ☐ Bank or financing firm ☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt. ☐ Property mgmt. ☐ Repossession se	nedia [nization [ment [ator [- Government [- Private [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party
Hospital Scrap processor or wrecker Other (explain)	Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt. ☐ Property mgmt. ☐ Repossession server ☐ Retail/Store ☐ School - Private	nedia [nization [ment [ator [- Government [- Private [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
☐ Hulk hauler ☐ Security services - Government	Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association Hospital	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt. ☐ Property mgmt. ☐ Repossession so ☐ Retail/Store ☐ School - Private ☐ School - Public	nedia [nization [ment [ator [- Government [- Private [ervice [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names:
☐ Insurance company/agent ☐ Security services - Private	Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association Hospital Hulk hauler	☐ Marina ☐ Neighborhood b ☐ Newspaper or m ☐ Non-profit organ ☐ Parking enforcer ☐ Private investiga ☐ Process server ☐ Property mgmt. ☐ Property mgmt. ☐ Repossession so ☐ Retail/Store ☐ School - Private ☐ School - Public ☐ Scrap processor	nedia [nization [ment [ator [- Government [- Private [ervice [- Or wrecker	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	***************************************
verify titles are clear and w/out lains or Brow	ds,
Plale ento etc	/
and the second of the second	e santa e e e e e e santa a como e e e e e e e e e e e e e e e e e e
5 Redisclosure and/or selling of information	
Will you sell or provide the information to anyone else?	Provide 1X No.
If no, skip to Section 6.	
If yes, who will you provide or sell the information?	
	· · · · · · · · · · · · · · · · · · ·
The release and redicate our of account to the state of t	
The release and redisclosure of personal information is restricted by state and federal laws. How do recipients are entitled to personal information under these laws?	you ensure
the problem in personal information dides laws:	
How will you provide the information to recipients? Explain.	
	garana kantangan dan dan dan
	No. 1995 April 1995 Ap
6 Owner contact	· · · · · · · · · · · · · · · · · · ·
Will you contact the vehicle/vessel owner?	T Yes VINO
oneonered business contact for commercial purposes is strictly prombited.	103 7
If yes, why will you contact the owner and how will you contact them?	
	and the second of the second o
	×
	34,444
Answer the following	
1. Do you agree not to sell or provide the information to any third party that has not been disclosed	
as part of this application?	. De Yes □ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application?	Man Man
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making	. Y⊒-TUS ∐ NO
unsolicited business contact, or promoting the sale of any goods or services?	(☐Yes ☐ No

8 Check all that apply	
☐ I represent a government agency. Ag	ency name:
Do you agree the information you recei	ve will only be used in an official capacity and solely ency? Yes No
 represent a Washington State busin your current business license any/all professional licenses that you 	ness. Attach legible copies of:
 vvasnington, attach a legible copy of eit your current business license a letter with a signature of the owner 	ington State. If your business is not required to be licensed in the state of her: or authorized representative indicating you are their agent. The letter must Number (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible of your current business license any/all professional licenses that you registration for county jurisdictions 	copies of:
 Other documents reviewed and ap 	lowing:
	tach a legible copy of your current business license.
 I am an attorney.* Attach legible copies your current business license your current bar card 	of:
 I am a private investigator.* Attach leg your current Private Investigator licen your current business license 	ible copies of: se
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	tor accesses a vehicle record in IVIPS, we will send a notification letter
Knowingly making a false statement or concrepresentation to obtain any personal inforn criminal fines under the DPPA and RCW 46.	cealing a material fact required in this request or making false nation from an individual's motor vehicle record is subject to federal 12.640
By signing or typing your name, you are certify the foregoing is true and correct.	ing under penalty of perjury under the laws of the state of Washington that
	Title
2/5//4 Date/and place (county) signed	X Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



BUSINESS LICENSE

Domestic Limited Liability Company

4-H AUTO SALES LLC 15814 NE 182ND AVE STE E BRUSH PRAIRIE WA 98606

TAX REGISTRATION MOTOR VEHICLE DEALER #7714

Unified Business ID #: 603 311 925 Business ID #: 1

Location: 1

Expires: 06-30-2015

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Chr

Director Department of Revenue



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter i	t here		
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Company/Agency name				Webs	site	
Beyond The Storm: Stalking	g Interventions & Inve	estigations	, Inc.	http	o://stalkingi	nterventionsinc.org
Contact name. Primary applicant and co	ntract manager	(Area code)	Telephone number	Emai	(required)	
Mariyam Akmal		844-525	-4673 x1000			
Contact name 2 (if applicable)		(Area code)	Telephone number	Emai	l (required)	
Investigators@StalkingInter	ventionsInc.org					
Physical address of business (number a						
325 Washington Avenue So	outh #258					
City				State		ZIP code
Kent				WA		98032
Mailing address of business (if different)						
City				State		ZIP code
Provide one of	Taxpayer Identification Numb	oer (TIN)	Employer Identific	ation Number	(EIN) WA U	nified Business Identifier (UBI)
these identifiers					603	400382
Answer the following						

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Activities engaged in by private investigators such as process serving, locating assets, pre-litigation investigations, surveillance, verification of ownership, etc.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

I will not contact the owner. The only time that the information "may" be disclosed to an attorney or another investigator is when there is a docketed case that they are working.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Mariyam A. Akmal

7/7/17

Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting		
□ IVIPS (Individual record inquirie	s) - (360) 359-4001 Current IVIPS n	umber, if applicable
☐ Bulk vehicle/vessel records (Ba		
PRINT or TYPE Company/Agency name	- 1 1	1.
International	Intelligence Se	2R1/108
Primary contact name	(Area code) Telephone	e number (Area code) Fax number
ISA M	OREV 2062135	738 2062135763
Email	Website	
1 more valintelse	evices. us www.	intelservices, us
Secondary contact name	(Area code) Telephone	
/		
Contract manager name	(Area code) Telephone	e number Email
Physical address of business (Number and street, City	y, State, ZIP code)	20.00
3312 W. LVUND	St. Sentile	78177
Mailing address of business, if different Address or Po		OCIAL
1916 tike 11 #	12-357 Dentte	e 98/01
Provide one of Tax Identi cation Number (T	IN) Federal Employer Identi cation Num	ber (EIN) WA Unit ed Business Identitier (UBI)
hese identi ers		602 292 763
•		
Check all that apply to you and/or your business		
Attorney	Lien service	☐ Service bureau for another busines
Auction	☐ Marina	Provide business name:
Auto manufacturer or agent	Neighborhood block watch	Observe for State
Bail bonds	Newspaper or media	Storage facility
Bank or ⊡nancing [rm	☐ Non-pro⊡t organization	☐ Title/Escrow
Business	Parking enforcement	☐ Toll facility
Commercial parking company	Private investigator	☐ Towing company
Credit union	Process server	☐ Transporter
Data broker/Reseller	Property mgmt Government	☐ Union (non-pro⊡t)
Debt recovery/Collection	Property mgmt Private	☐ Vehicle/Vessel dealer
Employer/Prospective employer	Repossession service	☐ I represent a business that will
Government	☐ Retail/Store	provide information to another par
Guardianship/Trustee service	☐ School - Private	Provide business names:
Homeowner association	☐ School - Public	
Hospital	☐ Scrap processor or wrecker	☐ Other (explain)
Hulk hauler	☐ Security services - Government	
☐ Insurance company/agent	Security services - Private	

4	Explain in detail why you need vehicle/vessel information. Give examples Attach additional pages if necessary
	Vehicle Registrations are used to Verify current Address information to be used par process Service
	Verify current Address information
	to be used par process service
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else? □ Sell Provide □ No If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	Attorney's who hive as for process
	If yes, who will you provide or sell the information? Attorney's who hire us porprocess Service
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	We only work for Attorneys
	,
	How will you provide the information to recipients? Explain.
	Holdress where served is part of
	How will you provide the information to recipients? Explain. Address where served is part of the process service declaration
6	Owner contact
	Will you contact the vehicle/vessel owner?
	If yes, why will you contact the owner and how will you contact them?
7	Answer the following
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
-	unsolicited business contact, or promoting the sale of any goods or services?

Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an of⊡cial capacity and solely for carrying out the functions of your agency? □ Yes □ N
☐ I represent a Washington State business. Attach legible copies of: •☐ your@urrentlbusiness@cense •☐ any/all@rofessional@censes@that@ou@ossess
 □ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either • □ your current business license • a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must
include your Federal Employer Identi cation Number (EIN) or Federal Tax Identi cation Number (TIN).
 I am a process server. Attach legible copies of: i your current business license i any/all professional licenses that tyou possess i registration for county jurisdictions
 □ I represent a non-pro□t organization or corporation. 1. Attach a legible copy of one of the following: •□ Your Articles of Incorporation, □ led with the Secretary of State •□ Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) •□ Other documents reviewed and approved by the Department of Licensing Public Records Of □ cer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 ☐ I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: □ subscriber@oster(provided@on@page 4) □ subscriber@greements
☐ I am an attorney.* Attach legible copies of: • your current business license • your current bar card
I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license

*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notication letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal ones under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



License Details

License Information:

Name: INTERNATIONAL INTELLIGENCE SER

License Type: Private Investigative Agency

License Number: 1384
License Status: Active
First Issued Date: Aug 23 2004
License Issued: Sep 2 2014
Expiration Date: Aug 31 2015

Address:

SEATTLE WA 98101

View Related Records

Information Current as of 09/05/2014 3:05AM Pacific Time

NewSeach

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New Search

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- Forms
- About us
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- Start your business
- · Change or update your business information
- · How to renew your license

Search Business Licenses

License Information:

Entity Name: UNIVERSAL INVESTMENTS WORLDWIDE INC Business Name: INTERNATIONAL INTELLIGENCE SERVICES

License Type: Washington State Business Entity Type: Profit Corporation

UBI: 602292763 Business ID:001 Location ID:0001

Status: To check the status of this company, go to <u>Secretary of State</u> and <u>Department of Revenue</u>.

Location Address: SEATTLE, WA, 98101 Mailing Address: SEATTLE, WA, 98101

View Additional Locations

	Status	Expires	First Issued
Licenses Held at this location			
Private Investigative Agency	Active	08/31/2015	08/23/2004
Registered Trade Names:			
C. I. AGENCY, INC.	Active	N/A	10/19/2009
C.I. GROUP, INC.	Active	N/A	11/17/2009
CONSULTING ONLINE	Active	N/A	12/22/2011
DUIBEGONE	Active	N/A	08/30/2007
DUIBGONE	Active	N/A	08/30/2007
INTELUSPRO	Active	N/A	08/30/2007
INTERNATIONAL INTELLIGENCE SERVICES	Active	N/A	05/04/2003
LOVE STING	Active	N/A	05/15/2009
LOVE STINGS	Active	N/A	05/15/2009
MATE INVESTIGATE	Active	N/A	07/25/2004
MATEINVESTIGATE	Active	N/A	07/25/2004
SEX DECOY	Active	N/A	05/15/2009
SEX DECOY LOVE STING	Active	N/A	05/15/2009
SEX DECOY LOVE STINGS	Active	N/A	05/15/2009
SEX DECOYS	Active	N/A	05/15/2009
SEX DECOYS LOVE STING	Active	N/A	05/15/2009
SEX DECOYS LOVE STINGS	Active	N/A	05/15/2009
USSEARCHPRO	Active	N/A	08/30/2007
WORLDWIDE INVESTMENT PARTNERS	Active	N/A	05/14/2008

Governing People:

LISABETH MOREY TONY KAUFMAN

Information Current as of 09/05/2014 6:39AM Pacific Time

New Search

This site is limited to searching for business licenses issued through the Washington State Business Licensing Service.

- Contact us
- Forms
- · About us
- Privacy

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1 of 1

38th Street auto outlet, inc dba

AUTO OUTLETOF TACOMA

Home of The Car Guys

3430 South Tacoma Way Tacoma, WA 98409 (253) 473-1900 Fax 473-2100

FAX COVER SHEET

DATE 10/1/4 TIME		
TO WA DOL Fax I	Number 360) 570 78
ATTN: IVIPS dept.		
FROM (Sabby Scannel)	•	
SUBJECT IVIPS application		
Waiting for current Bu arrive any day	siness Lice	use to
No Of pages () in all		

SOTH STREET AUTO OUTLET INC. AUTO OUTLET OF TACOMA HOME OF THE CA 3430 S TACOMA WAY TACONA WA 98489-4729



BUSINESS LICENSE

WASHINGTON

Domestic Profit Corporation

38TH STREET AUTO OUTLET INC. AUTO OUTLET OF TACOMA HOME OF THE CAR GUYS 3430 SOUTH TACOMA WAY TACOMA WAY 98409

TAX RECESTRATION MOTOREVEHICLE DEALER #0382 Unified Business ID \$: 602 247 938

Business ID # 1 Location: 1

Expires: 11-56-2014

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the Bernsee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

CLUICENSING V	enicle/Vessel Contract Application
Use this form to apply for access to	ehicle/Vessel Contract Application o vehicle/vessel records through the Internet Vehicle/Vessel Information Processing batch data. Send the completed form with a copy of your business the
System (IVIPS) or to receive bulk/k	o vehicle/vessel records through the Internet Vehicle/Vessel Information Processing batch data. Send the completed form with a copy of your business license and other by 570-7895 or email (print and scan or upgrade to Adoba Banda and other
required documents by tax to: (360	patch data. Send the completed form with a copy of your business license and other by 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to:
vsdisclose@dol.wa.gov	7) 370-7895 or email (print and scan or upgrade to Adoba Bondes license and other
and an area of the	to:
Please allow 14 business days to p	process and respond to your request. Questions or assistance: IVIPS: (360) 359-400
Bulk/batch: (360) 902-0136.	respond to your request. Questions or assistance: 1/(DC) (200) 050
We are harming	3. (300) 359-400
only as allowed to protecting per	rsonal information and there is no guarantee you will be approved. We release recon
redisclosure of a state and federa	al laws, including the Driver Privacy Protection of the approved. We release recon
personal information	rsonal information and there is no guarantee you will be approved. We release recon al laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts n you receive.
Fees	
VIPS contract fees: There is a 4	
accessed. Government entities are	cent tee per record search, and businesses must now an additional to
Pulls - I de la contraction de	cent fee per record search, and businesses must pay an additional \$2 for each record
metime set-up fee and monthly mai	is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a intenance fee. Setup and maintenance fees may vary for bulk records.
Mathedata	and maintenance fees may vary for bulk records.
7-5 000 100000000	
VIVIPS (Individual record inqu	uirles) Current IVIPS pumber if
- Pun vericial vessel records	(Batch process) Francisco, il applicable
504 Street Auto Out	that About A LA
Contract contact/manager (IVIPS and Bulk rec	cords accounts)
CAMPIELLE VENDALAR	I gring Authority name (Bulk records assets)
	TO PARTY OF THE PA
Physical address of business (Number and street,	City State 719 code) City
Z (+ /	Si cimit Elir (ODE)
	. /
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4 Exp	lain in detail wh	y you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	
IV	IPs in	formation is vital to our business sot true registered owners of the vehiclest e individuals that need to be signing rel	hat we may white
1 th	it the 1	true registered owners of the vehicles+	hat we result are
Ni	lleed fl	e individuals that need to be signing rel	eases on tithe 1/10
u	e IVIP	information to determine when the e. The information on IVIPS enables us to swher of the vehicle is. It also enables u	We have he a musica
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R/	wersh	is deed recordings to safeguard previous	15 constant of to page a - all
5 Red Wi	isclosure and/or	salting of information	3 registro ounts askell
if n	o, skip to S	provide the information to anyone else?	·····□ Sell □ Provide ☑ No
If y	es, who wil	you provide or sell the information?	111100 111100
		- morniquor:	
The	release ar	of radicals	
гесі	pients are	d redisclosure of personal information is restricted by state and fe entitled to personal information under these laws?	deral laws. How do you ensure
		The state of the s	
1			ŗ
How	will you pr	ovide the information to recipients? Explain.	
		•	
1		·	
	contact		
Willy	you contact	the vehicle/vessel owner? ness contact for commercial purposes is strictly prohibited	
UNS(Why will to	ness contact for commercial purposes is strictly prohibited.	····· Yes M No
,, Ac.	Stania Mili A	ou contact the owner and how will you contact them?	
7 Answer	the following		
1. Do	you agree	not to sell or provide the fact.	
as	part of this	not to sell or provide the information to any third party that has no	been disclosed
2. Do	you agree	not to use the information for any	····· ☑ Yes □ No
3. Do	You agree	not to use or facilitate the use of a	Vec Dina
uns ————	solicited bu:	siness contact, or promoting the sale of any goods or services?	of making
			····· ☑ Yes □ No

8 Check all that apply	
represent a government agency. Agency page	
for carrying out the functions of your agencies	acity and solely
represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess	Yes 🗆 No
Washington, attach a legible copy of either: Your current business license a letter with a signature of the	
include your Employer Identification Number (EIN) or Taxpayer Identification am a process server. Attach legible copies of: your current business license	ng you are their agent. The letter must on Number (TIN).
any/all professional licenses that you possess registration for county jurisdictions	
1. Attach a legible copy of one of the following: • Your Articles of Incorporation, filed with the Secretary of State • Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)	
2 Submit a letter with a signature of the business owner or authorized repres	ng Public Records Officer
 I represent a data broker/reseller – attach a legible copy of your current bus IVIPS applicants must also include: subscriber roster (provided on page 4) 	siness license.
 subscriber agreements i am an attorney.* Attach legible copies of: your current business license your current bar card 	
I am a private Investigator.* Attach legible copies of: your current Private Investigator license your current business license	
*Whenever an attorney or private investigator accesses a vehicle record in IVIP to the vehicle owner. RCW 46.12.635	S
40.12.635	s, we will send a notification letter
Knowingly making a false statement or con-	:
Knowingly making a false statement or concealing a material fact required in the representation to obtain any personal information from an individual's motor vector in the DPPA and RCW 46,12.640	mere record is subject to federal
By signing or typing your name, you are certifying under penalty of perjury under the the foregoing is true and correct.	laws of the state of Washington that
title derk, contr	act manager
eate and place (dounty) signed X Signature	Qe_
ederal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Vashington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308	-03

We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section) Maintain a legible Subscriber Roster and complete all fields Record all subscribers Document the specific permissible use each subscriber qualifies Retain Subscriber Roster for 6 years and provide to DOL when requested Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster. NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such Legal business name Contact name Email Telephone # Address, City, State, ZIP code Subscriber's permissible use Does the subscriber provide information to an attorney or private investigator? Legal trusiness name Contact name Email Telephone # Address, City, State, ZIP code

Does the subscriber provide information to

an attorney or private investigator?

an attorney or private investigator?

an attorney or private investigator?

Address, City, State, ZIP code

Address City, State, ZIP code

Legal business name

Legal business name

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6

Legal business name

an attorney or private investigator? □ Yes □ No

Contact name

Contact name

Contact name

Contact name

Contact name

Use additional copies of this page, if needed You may create your own Subscriber Roster as long as it contains all of the

Subscriber's permissible use

Telephone #

Telephone #

Telephone #

Telephone #

Telephone #

Email

Email

Email

Email



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

Company/Agency name Progressive Casualty I	nsurance Company			Website WWW.pr	ogressi	ve.com
					mail (required) Deborah_Carver@progressive.com	
Contact name 2 (if applicable)		(Area coo	le) Telephone number		Email (required)	
Physical address of business (nu 16201 E Indiana Ave						
City Spokane Valley				State WA		ZIP code 99216
Mailing address of business (if d SAME	Iferent)		,			
City				State		ZIP code
Provide one of Taxpayer Identification Number (TIN) these identifiers		Employer Identifica	ation Number (EIN)	WA Uni	ified Business Identifier (UBI)	
			•			

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Progressive Casualty Insurance Company and its affiliates with the Progressive Group of Insurance Companies will use vehicle and vessel license, registration, and title info to verify vehicles in connection with claims investigation permitted by WAC 46.12/380, 308-93-087, WA Executive Order 97-01.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will contact owners for the purpose of investigating suspected fraudulent claims; may contact owners via telephone, mail or email, or in person. Information will be disclosed only as necessary, usual, or customary as required to 3rd parties pursuant to the section above.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Deborah Carver

August 2, 2017 Spokane County, WA

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	L	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	ation to		
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	ation to		
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	I	Subscriber's permissible use	
7	Does the subscriber provide informa an attorney or private investigator?	ation to		
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
1	Does the subscriber provide informa an attorney or private investigator?	ation to		
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide informa an attorney or private investigator?	ation to		
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
0.0	Does the subscriber provide information an attorney or private investigator?	ation to		
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	1	Subscriber's permissible use	
	Does the subscriber provide informa an attorney or private investigator?	ation to		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting		344	
VIPS (Individual record inquiries	s) Current IVIPS numbe	r, if applicable	
PRINT or TYPE Company/Agency name	rcn process) Frequency	(check one): L O	ne time L Periodic Regular
123	1st CAIL BAIL B	ands, Inc.	
Contract contact/manager (IVIPS and Bulk records	s accounts) Sign	ing Authority name (Bulk	records accounts only)
Michael Thornton	N	lichael Tho	rnton
(Area code) Phone number Email (required for IV)			mall (required for Bulk records)
3(60-334-2856 WSbbra CY) Physical address of business (Number and street, City	ahoo. Zom 300	-334-2856 6	NSBBra CYAHOO. COM
824 HOFFMAN ST.	Wordland Wi	7 98674	
Mailing address of business, if different (Address or Po	O Box, City, State, ZIP, code)		
	100dland, WA	·	
Provide one of Taxpayer Identification Number these identifiers:	er (TIN) Employer Identifi	cation Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary busi	iness activity (exectly what your busin	Opp doop)	
WE post Criminal Bon	15 TN 46 Nist	ct & Sugaring	Barres To Ala
StatE OF WAShington,		a John a	Charles 210 11-
STATE OF WHISHING ,			
3 Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		Service bureau for another business
Auction	☐ Marina	_	Provide business name:
Auto manufacturer or agent	Neighborhood block	watch	
Bail bonds	Newspaper or media		
Bank or financing firm			Storage facility
	Non-profit organizati	on 🗌	Storage facility Title/Escrow
☐ Business	☐ Non-profit organizati☐ Parking enforcement		Title/Escrow
Business Commercial parking company			Title/Escrow Toll facility
☐ Business	Parking enforcement		Title/Escrow Toll facility Towing company
Business Commercial parking company	☐ Parking enforcement☐ Private investigator☐ Process server		Title/Escrow Toll facility Towing company Transporter
☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection	☐ Parking enforcement☐ Private investigator☐ Process server☐ Property mgmt Go	vernment	Title/Escrow Toll facility Towing company Transporter Union (non-profit)
☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer	☐ Parking enforcement ☐ Private investigator ☐ Process server ☐ Property mgmt Go ☐ Property mgmt Private	vernment	Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government	☐ Parking enforcement☐ Private investigator☐ Process server☐ Property mgmt Go	vernment	Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
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Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government	☐ Parking enforcement ☐ Private investigator ☐ Process server ☐ Property mgmt Go ☐ Property mgmt Private ☐ Repossession service ☐ Retail/Store ☐ School - Private	vernment	Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service	☐ Parking enforcement ☐ Private investigator ☐ Process server ☐ Property mgmt Go ☐ Property mgmt Priv ☐ Repossession service ☐ Retail/Store ☐ School - Private ☐ School - Public	vernment	Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names:
Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association	☐ Parking enforcement ☐ Private investigator ☐ Process server ☐ Property mgmt Go ☐ Property mgmt Private ☐ Repossession service ☐ Retail/Store ☐ School - Private	vernment vate vrecker	Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary. IN order to obstail A Bail Bond A Indemnitor Needs
	To use Culateral to post a Chiminal Board. We weed To verify DWNership For USE OF Collateral.
	To VeriFy DWNership For USE OF COMAKIAI.
5	Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
6	Owner contact
	Will you contact the vehicle/vessel owner?
	If yes, why will you contact the owner and how will you contact them?
7	Answer the following
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer (deptification Number (EIN)) or Towns and Identification.
include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
3/12/15 Cenv 1:72 X///
3/12/15 Quy 1: +2 Date and place (county) signed X Signature
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. \$2721 through \$2725



BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 603 349 358
Business ID #: 1
Location: 1

123 IST CALL BAIL BONDS, INC. A 24/7 BAIL BONDS 320 W ALDER ST SHELTON WA 98584 3432

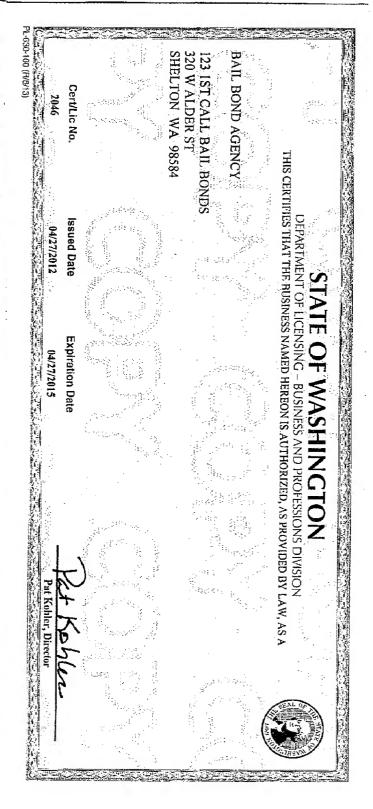
TAX REGISTRATION

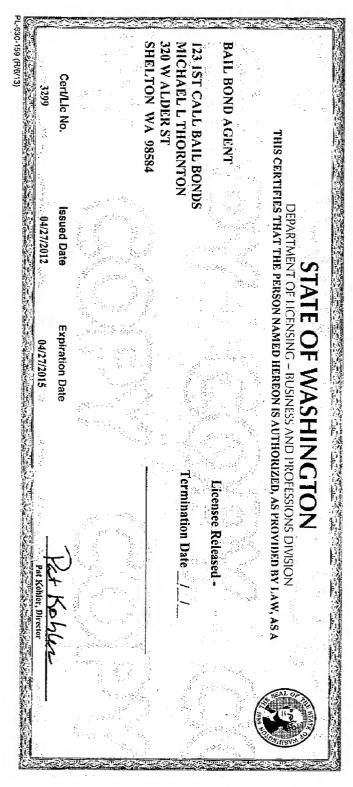
REGISTERED TRADE NAMES: A 24/7 1ST CALL BAIL BONDS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

ORh

Director, Department of Revenue







Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

Company/Agency name 253 1	notoring Li	LC					motoring, com
Contact name. Primary applicant and c	ontract manager	(Area code)	Telephone number		Email (require	ed)	
Don Hollingsw		25372	1889 5		253W	10+0	iring a gmail.
Contact name 2 (if applicable)		(Area code)	Telephone number		Email (require	ed)	•
Physical address of business (number	and street)						
16822 Pacificity Spanaway	CAVE			State	WA		ZIP code 98387
Mailing address of business (if differen	t)						
0.1				State			ZIP code
City							
Provide one of these identifiers	Taxpayer Identification Num		Employer Identifi			Cot	Initied Business Identifier (UBI) 2 949 /30 agency does and how
Provide one of these identifiers Answer the following Provide a detailed explana	tion of your primary but d vessel records).	siness act	ivity (exactly v	what yo	our busine	ss or	agency does and how
Provide one of these identifiers Answer the following Provide a detailed explana you will use the vehicle and	tion of your primary but divessel records). On trade for any purpose, proving a paragons or businesses	siness act	ivity (exactly v	what you	our busine	ss or	agency does and how they are torney or private antact the owner or

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners - RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties - RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

Signature of business or organization representative

Holling sworth

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

RPD-224-002 (R/6/16)WA Page 2 of



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting✓ IVIPS (Individual record inquirie)	(260) 250	9-4001 Current IVIPS n	umbor	if applicable
☐ Bulk vehicle/vessel records (Ba			umber,	п аррпсавіе
PRINT or TYPE Company/Agency name		· , ,		
Progressive Casualty Insurance Comp	pany			
Primary contact name Doug King		(Area code) Telephon (425) 492-2961		(Area code) Fax number (425) 492-2980
Email jking@progressive.com		Website www.progressi	ve.com	
Secondary contact name		(Area code) Telephone		Email
Contract manager name Doug King		(Area code) Telephon (425) 492-2961		Email jking@progressive.com
Physical address of business (Number and street, City 19909 120th Ave NE #200 Bothell, W				
Mailing address of business, if different (Address or Policy)	O Box, City, State,	ZIP code)		
Provide one of these identifiers:	IN)	Federal Employer Identification Num	ber (EIN)	WA Unified Business Identifier (UBI)
vehicles and vessels. 3 Check all that apply to you and/or your business				
☐ Attorney ☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds	☐ Newsp	orhood block watch aper or media	 - 	Service bureau for another business Provide business name: Storage facility
 ☐ Bank or financing firm ☐ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller 	☐ Parking☐ Private☐ Proces	ofit organization g enforcement investigator s server ty mgmt Government		Fitle/Escrow Foll facility Fowing company Fransporter Jnion (non-profit)
☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service ☐ Homeowner association	☐ Proper☐ Repose☐ Retail/S☐ School	ty mgmt Private session service		Vehicle/Vessel dealer represent a business that will provide information to another party Provide business names:
☐ Hospital ☐ Hulk hauler ☑ Insurance company/agent	☐ Scrap ☐ Securit	orocessor or wrecker y services - Government y services - Private		Other (explain)

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
Progressive Casualty Insurance Company and its affiliates within the Progressive Group Of Insurance Companies will use vehicle and vessel license, registration and title information and documentation to verify vehicle and vessel license and title records in connection with claims investigation and antifraud activities as permitted by Washington Revised Code 46.12.380, WAC 308-93-087, Washington Executive Order 97-01 and the Federal Driver's Privacy Protection Act, 18 USC2721 et seq.
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else?
If no, skip to Section 6.
If yes, who will you provide or sell the information? The information will be used only for the benefit of corporate affiliates of Progressive Casualty Insurance Companywithin the Progressive Group Of Insurance Companies and will be disclosed to such affiliates only as necessary, usual or customary for the purpose decribed in Section 4 or as otherwise may be legally required.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws? The third parties to which the information may be re-disclosed are corporate affiliates of Progressive Casualty Insurance Company within the Progressive Group Of Insurance Companies that will use the information only as described in Section 4 and have the same permitted use(s) for such information as Progressive Caualty Insurance Company.
How will you provide the information to recipients? Explain. The information may be supplied electronically, orally, or in hard copy to Progressive Casualty Insurance Company's corporate affiliates.
6 Owner contact
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them? We will contact owners for the purpose of investigating suspect fraudulent insurance claims. We may contact the owners by mail, email, telephone or in person.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ✓ Yes □ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application?
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply	
☐ I represent a government agency. Ager	ncy name:
	will only be used in an official capacity and solely ncy? ☐ Yes ☐ No
I represent a Washington State businesyour current business license	ss. Attach legible copies of:
 any/all professional licenses that you p 	ossess
Washington, attach a legible copy of eitheryour current business licensea letter with a signature of the owner of	gton State. If your business is not required to be licensed in the state of er authorized representative indicating you are their agent. The letter must eation Number (EIN) or Federal Tax Identification Number (TIN).
☐ I am a process server. Attach legible cop • your current business license	
any/all professional licenses that you pregistration for county jurisdictions	ossess
 I represent a non-profit organization or 1. Attach a legible copy of one of the follo Your Articles of Incorporation, filed w 	wing:
Your Tax Exempt Status from the Int	
 Other documents reviewed and app 	roved by the Department of Licensing Public Records Officer business owner or authorized representative indicating you are their
 ☐ I represent a data broker/reseller – atta IVIPS applicants must also include: • subscriber roster (provided on page 4) 	ach a legible copy of your current business license.
 subscriber roster (provided on page 4) subscriber agreements 	
 I am an attorney.* Attach legible copies of your current business license 	of:
• your current bar card	la accionat
 I am a private investigator.* Attach legible your current Private Investigator license your current business license 	
*Whenever on etterney or private investigate	or accesses a vahiala record in IV/IDS, we will cond a natification letter
to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
	ealing a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifying the foregoing is true and correct.	ng under penalty of perjury under the laws of the state of Washington that
	Supervisor, Large Loss & Litigation Title
0/12/14	V I Daya Vina
9/12/14 Date and place (county) signed	X J. Doug King Signature
Federal Driver Privacy Protection Act (DPPA) 18 Washington State laws RCW 42.56, RCW 46.12	

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code	1	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □Yes □ No		
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code	I	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □Yes □ No		
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code	ı	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting IVIPS (Individual record inquiries			ımber,	if applicable _
Bulk vehicle/vessel records (Bate	ch process) -	- (360) 902-3673		
PRINT or TYPE Company/Agency name City of Shoreline				
Primary contact name		(Area code) Telephone	number	(Area code) Fax number
Kristie Anderson		(206) 801-2535		(206) 801-2788
Email		Website		
kanderson@shorelinewa.gov		www.shorelinewa.gov		
Secondary contact name		(Area code) Telephone	number	Email
Contract manager name Kristie Anderson		(Area code) Telephone (206) 801-2535	number	Email kanderson@shorelinewa.gov
Physical address of business (Number and street, City, 17500 Midvale Avenue North, Shorel	ine, WA 980			
Mailing address of business, if different (Address or PC) Box, City, State,	ZIP code)		
Provide one of these identifiers:		Federal Employer Identification Number (EIN)		WA Unified Business Identifier (UBI) 901 631 678
property. I also enforce the junk vehi	e prosecution o	f code violations and abatement t	o correc	t public nuisance conditions on private
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent	☐ Lien service ☐ Marina ☐ Neighborhood block watch			Service bureau for another business Provide business name:
☐ Bail bonds ☐ Bank or financing firm ☐ Business ☐ Commercial parking company	☐ Newsp ☐ Non-pr ☐ Parking	aper or media ofit organization g enforcement investigator		Storage facility Fitle/Escrow Foll facility Fowing company
☐ Credit union		Process server		Transporter
☐ Data broker/Reseller		Property mgmt Government		Union (non-profit)
Debt recovery/Collection		Property mgmt Private		Vehicle/Vessel dealer
☐ Employer/Prospective employer		Repossession service Retail/Store		represent a business that will
☑ Government			•	provide information to another party
☐ Guardianship/Trustee service				Dravida huginage namos:
		- Private		Provide business names:
☐ Homeowner association	☐ Schoo	- Public		
	☐ School☐ Scrap			Provide business names: Other (explain)

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
vi co al 4	to be in compliance with RCW 46.55.240 the City of shoreline adopted Shoreline Municipal Code 20.30.750 "Junk behicles as public nuisances." RCW 46.55240 (and SMC 20.30.750) requires the City to contact (or to attempt to contact) the owner of record for each vehicle facing enforcement action. RCW 46.55.240(2) " procedures for coatement and removal as public nuisances of junk vehicles or parts thereof from private property" and RCW 6.55.240(3) " requiring notice to the last registered owner of record that the vehicle will be removed." I need the legal and mailing addresses of the vehicle s registered and legal owner in order to contact them prior to inforcement action.
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
6	Owner contact
	Will you contact the vehicle/vessel owner?
	If yes, why will you contact the owner and how will you contact them?
R	CW 46.55.240 requires the City of contact (or to attempt to contact) the owner of record for each nehicle facing
er	aforcement action. RCW 46.55.2440(2) " procedures for abatement and removal as public nuisances of junk
	chicles or parts thereof from private property", and RCW 46.55.240(3) " requiring notice to the last registered
O	wner of record that the vehicle will be removed.
7	Answer the following 1. Do you agree not to sall or provide the information to any third party that has not been disclosed
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services?

8	Check all that apply
	☑ I represent a government agency. Agency name:City of Shoreline (WA)
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license
	any/all professional licenses that you possess And the state of
	 ☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either your current business license
	 a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
	☐ I am a process server. Attach legible copies of:
	 your current business license any/all professional licenses that you possess
	 registration for county jurisdictions
	☐ I represent a non-profit organization or corporation.
	1. Attach a legible copy of one of the following:
	Your Articles of Incorporation, filed with the Secretary of State
	 Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer
	2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	☐ I represent a data broker/reseller – attach a legible copy of your current business license.
	IVIPS applicants must also include:
	subscriber roster (provided on page 4) subscriber agreements
	subscriber agreements Attack legible copies of:
	 I am an attorney.* Attach legible copies of: your current business license
	your current bar card
	☐ I am a private investigator.* Attach legible copies of:
	your current Private Investigator license
	your current business license
	Vhenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
rep	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal minal fines under the DPPA and RCW 46.12.640
	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington tha foregoing is true and correct.
	Code Enforcement Officer
	Title
C	22 2014 Shareling King County WA Y Martin Clarles
	and place (county) signed X Signature
Jaic	and place (everify eighter

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
 ✓ IVIPS (Individual record inquirie ☐ Bulk vehicle/vessel records (Ba 		number,	if applicable
PRINT or TYPE Company/Agency name PROGRESSIONS CREDIT UNION	(con process)		· · · · · · · · · · · · · · · · · · ·
Primary contact name MARI ZUMBIEL	(Area code) Teleph (509) 535-01		(Area code) Fax number (509) 622-2050
Email	Website		
mariz@progressionscu.org	www.progre		org
Secondary contact name NANETTE EDGETT	(509) 535-01	.91	nanettee@progressionscu.org
Contract manager name MARI ZUMBIEL	(Area code) Teleph (509) 535-01		mariz@progressionscu.org
Physical address of business (Number and street, City 2919 E MISSION AVE SPOKANE V	v, State, ZIP code) WA 99202-3691		•
Mailing address of business, if different (Address or Pa			(4) M
Provide one of Tax Identification Number (Tithese identifiers:	N) Federal Employer Identification N	umber (EIN)	WA Unified Business Identifier (UBI) 601133758
Check all that apply to you and/or your business			-
☐ Attorney ☐ Auction ☐ Auto manufacturer or agent	☐ Lien service☐ Marina☐ Neighborhood block watch		Service bureau for another business Provide business name:
□ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company ☑ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer □ Government □ Guardianship/Trustee service □ Homeowner association	 Newspaper or media Non-profit organization Parking enforcement Private investigator Process server Property mgmt Government Property mgmt Private Repossession service Retail/Store School - Private School - Public 		Storage facility Fitle/Escrow Foll facility Fowing company Fransporter Jnion (non-profit) /ehicle/Vessel dealer represent a business that will provide information to another party Provide business names:
☐ Hospital ☐ Hulk hauler ☐ Insurance company/agent	 ☐ Scrap processor or wrecker ☐ Security services - Government ☐ Security services - Private 		Other (explain)

	terest is protected if vehicle/vessel has been used as collateral for a loan.	
	Redisclosure and/or selling of information	-
	Will you sell or provide the information to anyone else? □ Sell □ Provide ☑	
	If no, skip to Section 6.	
	If yes, who will you provide or sell the information?	
,	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure	
	recipients are entitled to personal information under these laws?	
ĺ	How will you provide the information to recipients? Explain.	
	Owner contact	
	Will you contact the vehicle/vessel owner?	_
	Unsolicited business contact for commercial purposes is strictly prohibited.	
	If yes, why will you contact the owner and how will you contact them?	
/	Answer the following	_
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed	_
	as part of this application?	
1	2. Do you agree not to use the information for any purpose other than reasons stated on this	

8 Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
 ✓ I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
 ☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 □ I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: • subscriber roster (provided on page 4) • subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 ☐ I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
PRESIDENT/CEO
9/16/2014 Spokane WA Title **WWW Zumbel
Date and place (county) signed Signature
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

_	· · · · · · · · · · · · · · · · · · ·				
	Legal business name	Contact name	Email	Telephone #	
1	Progressions Credit Union Nanette Edgett		nanettee@progressionscu.r	(509) 535-0191	
	Address, City, State, ZIP code		Subscriber's permissible use		
Ι-	2919 E Mission Ave Spokane WA 99202	information is used for the tra	cking of titles as		
	Does the subscriber provide information		part of the lending process		
_	an attorney or private investigator?				
	Legal business name	Contact name Jana Earle	Email	Telephone #	
l	Progressions Credit Union	janae@progressionscu.org	(509) 535-0191		
2	Address, City, State, ZIP code	Subscriber's permissible use			
_	2919 E Mission Ave Spokane WA 99202		information is used in the processing of		
	Does the subscriber provide information	to	vehicle/vessel loan applictions		
_	an attorney or private investigator?			:1	
	Legal business name	Contact name	Email	Telephone #	
	Progressions Credit Union	Herb Anderson	herba@progressionscu.org	(509) 535-0191	
3	Address, City, State, ZIP code		Subscriber's permissible use		
_	2919 E Mission Ave Spokane WA 99202		information is used in the processing of		
	Does the subscriber provide information		vehicle/vessel loan application	is -	
	an attorney or private investigator?				
	Legal business name	Contact name	Email	Telephone #	
	Progressions Credit Union	Barbara Stout-Henggeler	barbaras@progressionscu.r	(509) 535-0191	
4	Address, City, State, ZIP code	Subscriber's permissible use			
	2919 E Mission Ave Spokane WA 99202	information is used in the processing of			
	Does the subscriber provide information to	vehicle/vessel loan application	.S		
	an attorney or private investigator? Legal business name				
	Progressions Credit Union	Contact name	Email Iratherine Company	Telephone #	
	Address, City, State, ZIP code	Kathryn Navarro		(509) 535-0191	
5	2919 E Mission Ave Spokane WA 99202	Subscriber's permissible use			
	Does the subscriber provide information t	information is used in the processing of			
	an attorney or private investigator?	vehicle/vessel loan application	S		
_	Legal business name	Contact name	Email	Talonhone #	
		Condot name	Linaii	Telephone #	
	Address, City, State, ZIP code		Subscriber's permissible use		
6	,		Observe a permissible use		
	Does the subscriber provide information t	0			
	an attorney or private investigator?				
	Legal business name	Contact name	Email	Telephone #	
	_			- F	
_	Address, City, State, ZIP code	Subscriber's permissible use			
7					
	Does the subscriber provide information to				
	an attorney or private investigator?				

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting				
✓ IVIPS (Individual record☐ Bulk vehicle/vessel record	inquiries) – (360) 359-4 ords (Batch process) – (1001 Current IVIPS 360) 902-3673	number,	if applicable
PRINT or TYPE Company/Agency name GB Auctions Inc, dba DAA N				
Primary contact name Kelly Lee		(Area code) Telepho (509) 244-450		(Area code) Fax number (509) 244-7005
Email klee@daanw.com		Website WWW.daanw.u		(00)2117003
Secondary contact name Jennifer Gummere		(Area code) Telepho (509) 244-45(one number	Email jgummere@daanw.com
Contract manager name Kelly Lee		(Area code) Telepho (509) 244-45(one number	Email klee@daanw.com
Physical address of business (Number and 2215 S Hayford Rd, Spokane	street, City, State, ZIP code) WA 99224	(303) 244-430	70	KICC@daanw.com
Mailing address of business, if different (Add P.O. Box 19190, Spokane WA	dress or PO Box, City, State, ZIP of	code)		
Provide one of these identifiers:	lumber (TIN)	ederal Employer Identification Nu	mber (EIN)	WA Unified Business Identifier (UBI) 601-410-090
Check all that apply to you and/or your b	usiness			
☐ Attorney☑ Auction☐ Auto manufacturer or agent	☐ Lien servio ☐ Marina ☐ Neighborh	ce lood block watch	□ s P	Service bureau for another business Provide business name:
☐ Bail bonds ☐ Bank or financing firm ☐ Business	☐ Parking en	organization	☐ Ti	torage facility itle/Escrow oll facility
☐ Commercial parking compar☐ Credit union☐ Data broker/Reseller	☐ Process se		☐ To	owing company ransporter nion (non-profit)
Debt recovery/Collection Employer/Prospective emplo Government	☐ Property m ☐ Repossess ☐ Retail/Store	ngmt Private sion service re	IZ Ve □ Ir	ehicle/Vessel dealer represent a business that will rovide information to another party
☐ Guardianship/Trustee servic☐ Homeowner association☐ Hospital	School - Pu		Pi	rovide business names:
☐ Hulk hauler	☐ Security se	OCCOL OF MICCHCI		ther (explain)

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.				
In the course of our business, we verify title documents to be technically and legally accurate prior to payout to a consignor of a sold vehicle. When presented Lost Title Applications and/or Paperless Documents we must verify the validity of the information on the documents as well as to ensure title brands have been announced at time of sale.				
In addition, when vehicles are dropped on our parking area with arrangements we must determine who are the owners of record of said vehicles in order to make contact for removal of said vehicles.				
In addition, when proper releases of interest are not provided or documents have been lost and duplicate titles must be produced, we will contact the owner of record for assistance with replacing lost documents. Also, if question with potential odometer tampering, may contact owner of record to help solve problems related.				
5 Redisclosure and/or selling of information				
Will you sell or provide the information to anyone else?				
If no, skip to Section 6.				
If yes, who will you provide or sell the information?				
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?				
How will you provide the information to recipients? Explain.				
Will you contact the vehicle/vessel owner?				
If yes, why will you contact the owner and how will you contact them? Would contact an owner only in two circumstances. Those would be to get help with replacement of lost documents or get the needed information when attempting to solve a problem when suspect of odometer fraud or other problematic brands. We would contact if able by telephone and or by USPS, UPS or FedEx				
7 Answer the following				
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?				
2. Do you agree not to use the information for any purpose other than reasons stated on this				
application?				

•	Check all that apply
	☐ I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
	 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
	 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
	 I represent a non-profit organization or corporation. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
	 I am an attorney.* Attach legible copies of: your current business license your current bar card
	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

IVIPS USE AND DISCLOSURE CONTRACT ATTACHMENT B **USER/ACCESS CHANGE REQUEST**

It is the Contractor's responsibility to:

a. Read and review the IVIPS Use and Disclosure Contract with each employee listed,

b. Instruct employees not to disclose or share User Sub-Account numbers and passwords, and
c. Notify DOL in writing within three (3) business days of any changes to the Contact information (i.e. business owner, business

TYPE or PRINT Business Name GB Auctions Inc, dba DAA Northwest			unt Number
Business Address 2215 S Hayford Rd			
City Spokane		State WA	ZIP Code 99224
Contact Name Kelly Lee			act (Area Code) Telephone Number -244-4500
Jser Access			
1.Type or print Employee Name Kelly Lee		☐ Add ☐ Re	emove User Sub-Account Number
2.Type or print Employee Name Jennifer Gummere		☐ Add ☐ Re	User Sub-Account Number
3.Type or print Employee Name Darcy Allbery		☐ Add ☐ Re	User Sub-Account Number
4.Type or print Employee Name Roxanna Elliott		☐ Add ☐ Re	emove User Sub-Account Number
5.Type or print Employee Name Amber Saint		☐ Add ☐ Re	emove User Sub-Account Number
6.Type or print Employee Name **Josie Collins**		☐ Add 💋 Re	move User Sub-Account Number
7.Type or print Employee Name Jenn Orvik		☐ Add ☐ Re	user Sub-Account Number
8.Type or print Employee Name Tina Wilson		☐ Add ☐ Re	move User Sub-Account Number
9.Type or print Employee Name Michelle Rogers		☐ Add ☐ Re	move User Sub-Account Number
10.Type or print Employee Name Kristina Moore	☐ Add ☐ Re	move User Sub-Account Number	
11.Type or print Employee Name Mike Hale		☐ Add ☐ Re	move User Sub-Account Number
12.Type or print Employee Name Brea Barham		☐ Add ☐ Re	move User Sub-Account Number
13.Type or print Employee Name Ian Bieberstein		✓ Add □ Re	move Number
14.Type or print Employee Name		☐ Add ☐ Re	move User Sub-Account Number
15.Type or print Employee Name		☐ Add ☐ Re	move User Sub-Account Number
Ipdate for User Names Changes (i.e. if	some get married)		
Type or print Current Employee Name	Updated Employee Name		User Sub-Account Number
Type or print Current Employee Name	Updated Employee Name		User Sub-Account Number
Type or print Current Employee Name	Updated Employee Name		User Sub-Account Number
OTE: This Form may be duplicated	Signature o	Contractor Conta	Effective 8-21-1

State of Washington Business Licensing Service

Office of the Secretary of State Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 601 410 090

Business ID #: 1

Expires: 08-31-2015

GB AUCTIONS, INC. 2215 S HAYFORD RD SPOKANE WA 99224

Domestic Profit Corporation
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:

DAA MECHANICAL

DAA NORTHWEST

DAA NORTHWEST AUTO BODY CENTER

DAA NORTHWEST MOTORSPORTS

DAA SEATTLE

DEALERS AUTO AUCTION NORTHWEST

DEALERS AUTO AUCTION OF SEATTLE

DEALERS AUTO FINANCE

SPOKANE AUCTION SERVICES

SPOKANE AUTO AUCTION

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Director, Department of Revenue



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting		_	
✓ IVIPS (Individual record inquiries	s) Current IVIPS nu	ımber, if applicable 💻	
☐ Bulk vehicle/vessel records (Bat	ch process) Freque	ency <i>(check one)</i> : \Box	One time Periodic Regular
PRINT or TYPE Company/Agency name			
Evergreen Adjustment Service, Inc			
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (B	ulk records accounts only)
Michelle Dockrey			
(Area code) Phone number Email (required for IVI		(Area code) Phone number	Email (required for Bulk records)
	enadjustment.com		
Physical address of business (Number and street, City,	·		
9750 Greenwood Ave N #103, Sea			
Mailing address of business, if different (Address or PC) Box, City, State, ZIP code)		
T	(TIA)		
Provide one of these identifiers:	er (TIN) Employer	Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary busing	naga antivity (avanthy what you	w business does	
			Physical and the Control of Contr
Claims adjustment for both first par			
coverage, liability, and damages, a	ına settle with the v	enicie owner and/or	liennoider.
3 Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		☐ Service bureau for another business
☐ Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	☐ Neighborhood I	olock watch	Trevide saemese namer
Bail bonds	☐ Newspaper or r		☐ Storage facility
☐ Bank or financing firm	☐ Non-profit orga		☐ Title/Escrow
☐ Business	☐ Parking enforce		☐ Toll facility
☐ Commercial parking company	☐ Private investig	ator	☐ Towing company
☐ Credit union	☐ Process server		☐ Transporter
☐ Data broker/Reseller	□ Property mgmt	Government	☐ Union (non-profit)
☐ Debt recovery/Collection	Property mgmt		☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer	Repossession :	service	☐ I represent a business that will
☐ Government	\square Retail/Store		provide information to another party
Guardianship/Trustee service	School - Private	e	Provide business names:
Homeowner association	☐ School - Public		
☐ Hospital	Scrap processo		Other (explain)
Hulk hauler		es - Government	Insurance Claims Adjusters
☐ Insurance company/agent	Security service	es - Private	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
We need to verify the title/ownership of vehicles acquired by insureds and determine if there is a lienholder or if the title is clear to sell salvage. We also need to determine that the insurance carrier is paying the legal
owner in a third party loss.
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else?
If no, skip to Section 6.
If yes, who will you provide or sell the information?
Risk pools, cities, and private insurance carriers who hire us to handle vehicle claims; salvage buyers;
salvage pools.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
These are entities which themselves have access to this information, either as an admitted insurance
carrier, risk pool, or self-insured Washington city.
How will you provide the information to recipients? Explain.
Electronic copy to the company adjuster we report to.
6 Owner contact Will you contact the year leave and a war and a w
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them? Contact will be made for claim settlement as outlined above.
Contact will be made via phone calls and exchange of required forms.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ✓ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this
application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
unsolicited business contact, or promoting the sale of any goods or services?

Check all that apply	
☐ I represent a government agency. Ag	ency name:
Do you agree the information you receive for carrying out the functions of your ag	ve will only be used in an official capacity and solely ency?
 ✓ I represent a Washington State busin your current business license 	·
 Washington, attach a legible copy of eit your current business license a letter with a signature of the owner include your Employer Identification I 	ington State. If your business is not required to be licensed in the state of ther: or authorized representative indicating you are their agent. The letter must Number (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible of your current business license any/all professional licenses that you registration for county jurisdictions 	
 Other documents reviewed and ar 	llowing:
IVIPS applicants must also include:subscriber roster (provided on pagesubscriber agreements	
 I am an attorney.* Attach legible copies your current business license your current bar card 	s of:
 I am a private investigator.* Attach leg your current Private Investigator licer your current business license 	
*Whenever an attorney or private investiga to the vehicle owner. RCW 46.12.635	ator accesses a vehicle record in IVIPS, we will send a notification letter
epresentation to obtain any personal infor riminal fines under the DPPA and RCW 46	ncealing a material fact required in this request or making false mation from an individual's motor vehicle record is subject to federal i.12.640 fying under penalty of perjury under the laws of the state of Washington that
he foregoing is true and correct.	ying under penalty of penalty under the laws of the state of washington that
	Office Manager Title
2/9/15, Seattle, King County	X Michelle Dockrey Signature
and and place (county) signed	g
	40 LLO O COZO4 H

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

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In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	provide information to e investigator? □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to 		
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	-		
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator?		Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible use	_1
	Does the subscriber provide information an attorney or private investigator?			

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Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting			_	
✓ IVIPS (Individual record inquirie	•			
☐ Bulk vehicle/vessel records (Ba	atch process) Freque	ency <i>(check one)</i> : \Box	One time Periodic Regular	
PRINT or TYPE Company/Agency name				
Stephen B Abraham Insurance A		<u>. 90 v</u>		
Contract contact/manager (IVIPS and Bulk record	s accounts)	Signing Authority name (B	ulk records accounts only)	
Stephen B Abraham				
	VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)	
	armersAgent.com			
Physical address of business (Number and street, Ci		00040		
17901 Bothell Everett Hwy Ste F		98012		
Mailing address of business, if different (Address or F				
PO Box 14692 Mill Creek, WA 98		11	Two this is a second of the se	
Provide one of Taxpayer Identification Num	ber (TIN) Employer	Identification Number (EIN)	WA Unified Business Identifier (UBI)	
these identifiers: 2 Provide a detailed explanation of your primary bu				
2 Provide a detailed explanation of your primary bu	siless activity (exactly what you	ii busiiless does).		
Check all that apply to you and/or your business Attorney Auction	☐ Lien service ☐ Marina		Service bureau for another business Provide business name:	
Auto manufacturer or agent	☐ Neighborhood I	block watch		
☐ Bail bonds	Newspaper or i		Storage facility	
Bank or financing firm	☐ Non-profit orga		☐ Title/Escrow	
Business	Parking enforce		☐ Toll facility	
Commercial parking company	Private investig		Towing company	
Credit union	Process server		☐ Transporter	
Data broker/Reseller	Property mgmt		Union (non-profit)	
☐ Debt recovery/Collection	Property mgmt		☐ Vehicle/Vessel dealer	
Employer/Prospective employer	Repossession	service	☐ I represent a business that will	
Government	☐ Retail/Store		provide information to another part	
☐ Guardianship/Trustee service	☐ School - Private		Provide business names:	
Homeowner association	School - Public			
☐ Hospital ☐ Scrap processor or wrecker ☐ Other (explain)				
Hulk hauler		es - Government		
✓ Insurance company/agent	Security service	es - Private		

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
 many clients will not have a VIN with them when setting up insurance. Many clients will not have title to a car but try to buy insurance so we double check ownership. We will use the Vin to double check that a vehicle is no longer in our clients name after it has been sold. We use it for boats and atvs etc because serial number are not always visible. We need to VIN to confirm year make and model of a vehicle to give an accurate price.
Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
Owner contact Will you contact the vehicle/vessel owner?
Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this application?

8 Check all that apply	
☐ I represent a government agency. Age	ency name:
	re will only be used in an official capacity and solely ency?
✓ I represent a Washington State busine • your current business license	
 Washington, attach a legible copy of eith your current business license a letter with a signature of the owner 	ngton State. If your business is not required to be licensed in the state of
 I am a process server. Attach legible converges of the server. your current business license any/all professional licenses that you registration for county jurisdictions 	opies of:
	lowing: with the Secretary of State
_	tach a legible copy of your current business license.
 I am an attorney.* Attach legible copies your current business license your current bar card 	s of:
 I am a private investigator.* Attach leg your current Private Investigator licen your current business license 	
*Whenever an attorney or private investiga to the vehicle owner. RCW 46.12.635	tor accesses a vehicle record in IVIPS, we will send a notification letter
representation to obtain any personal information criminal fines under the DPPA and RCW 46. By signing or typing your name, you are certify	cealing a material fact required in this request or making false mation from an individual's motor vehicle record is subject to federal 12.640 Ving under penalty of perjury under the laws of the state of Washington that
the foregoing is true and correct.	
	President\Agent Owner Title
1/6/2015 Snohomish County Date and place (county) signed	X Stephen B Abraham Signature
E	0.110.0.00704.11

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access	ou are requesting			
	lividual record inquirie	e) Current IVIDS	number, if applicable	
	ele/vessel records (Ba		uency (check one):	One time Periodic Regular
PRINT or TYPE Comp		non processo, Troq	dericy (encont ency.	One time El renodic El riegular
	xchange Co dba FL	EXCO		
	nager (IVIPS and Bulk record		Signing Authority name /B	ulk records accounts only)
Michelle Peak		- 10001	o.gg runnern, name (2	ann received accounts only,
(Area code) Phone nui		/IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(614) 942-123				
	siness (Number and street, Cit			
5750 Chandle	r Ct Westerville, O	H 43082		
	iness, if different (Address or F			
Provide one of	Taxpayer Identification Num	ber (TIN) Employ	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:				
☐ Attorney	y to you and/or your business	☐ Lien service		☐ Service bureau for another busines
Auction		☐ Marina		Provide business name:
	cturer or agent	☐ Neighborhood		Oto 6
Bail bonds	naina firm	☐ Newspaper o☐ Non-profit org		☐ Storage facility ☐ Title/Escrow
☐ Bank or finar☐ Business	icing ilim	☐ Parking enfor		☐ Toll facility
	parking company	☐ Private invest		☐ Towing company
☐ Credit union	parking company	☐ Process serv	•	☐ Transporter
☐ Data broker/	Reseller		nt Government	Union (non-profit)
Debt recover		☐ Property mgr		☐ Vehicle/Vessel dealer
	ospective employer	☐ Repossession		☐ I represent a business that will
☐ Government		☐ Retail/Store		provide information to another part
_	/Trustee service	☐ School - Priva	ate	Provide business names:
☐ Homeowner		School - Publ	ic	
☐ Hospital			sor or wrecker	☑ Other (explain)
☐ Hulk hauler		☐ Security serv	ices - Government	Automotive Remarketing / Motor Vehicle
☐ Insurance co	mpany/agent	☐ Security serv	ices - Private	Dealer

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	
F	Please see attaced	
5	Redisclosure and/or selling of information	
Γ	Will you sell or provide the information to anyone else?	Z No
	If no, skip to Section 6.	
	If yes, who will you provide or sell the information?	
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure	<u>,</u>
	recipients are entitled to personal information under these laws?	•
	How will you provide the information to recipients? Explain.	İ
6	Owner contact	
U	Will you contact the vehicle/vessel owner?	[7] Na
	Unsolicited business contact for commercial purposes is strictly prohibited.	או נא
	If yes, why will you contact the owner and how will you contact them?	
7	Answer the following	
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?	□ NI=
	2. Do you agree not to use the information for any purpose other than reasons stated on this	⊔ 1 70
	application?	_ N∩
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making	
	unsolicited business contact, or promoting the sale of any goods or services?	□ No l

8	Check all that apply
	□ I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license
	your current business license any/all professional licenses that you possess
	 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	☐ I am a process server. Attach legible copies of:
	 your current business license any/all professional licenses that you possess
	registration for county jurisdictions
	 □ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	☐ I represent a data broker/reseller – attach a legible copy of your current business license.
	IVIPS applicants must also include: • subscriber roster (provided on page 4) • subscriber agreements
	☐ I am an attorney.* Attach legible copies of:
	your current business license
	 your current bar card I am a private investigator.* Attach legible copies of:
	your current Private Investigator license
	your current business license
*W to	/henever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
ер	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal ninal fines under the DPPA and RCW 46.12.640
3y : he	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.
	Title Department Manager
\ -	
	27/2015 - (Delaware) Westerville, OH Signature
	orginature (complete to the complete to the co

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Re: Business of Use

To Whom It May Concern:

Our company remarkets vehicles for various companies. We provide a variety of licensing and titling services such as lien perfections, title & registration transfers (state to state), lease termination transfers, title / registration corrections and duplicate title requests. We have inquiry accounts with Arizona, Arkansas, Delaware, Florida, Indiana, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, North Carolina, New Jersey, New York, Ohio, South Carolina, Tennessee, and Texas.

Our licensing and titling service consists of the following duties: transferring fleet vehicle titles and registrations from one state to another when a driver has been assigned to another location. The application for title and registration is completed so that the title is forwarded to the fleet company's headquarters and the registration to the branch location in the new State of transfer. FLEXCO will either contact the State of transfer or access an online account that has been setup to verify that the transfer has taken place.

We are also employed by financial institutions under our affiliate company (Innovative Funding Services Inc) to transfer titles to their borrowers and to perfect the liens. The application for title is completed to reflect the lender's interest and forwarded to the borrower's State of residence. We will either contact the State of transfer or access an online account that has been setup to verify the completion of the title and perfection of the lien.

Our remarketing division remarkets vehicles for numerous telecommunication companies who often misplace their titles. These companies have several subdivisions and subsidiaries and the home office has no idea what name is listed on the missing title. Our licensing and titling department will either contact the State the vehicle was last registered or access an online account that has been setup to verify the subsidiary and to accurately apply for a duplicate title.

Please feel free to contact me if you should have any questions or concerns. My contact information is as follows: Ph# 614-865-3500, Fx# 614-865-9821 and email michelle@flxfleet.com.

Respectfully,

Michelle Peaks

Administrative Supervisor Title Department Manager



To Whom It May Concern:

FLEXCO is a vehicle remarketing company and is fully licensed and bonded to handle all types of vehicles. We provide titling and registration services for our clients through out the United States. We are also home office to two dealerships located in Arizona and Ohio.

We are requesting renewal of WA IVIPS search account for use in the normal course of business by FLEXCO as a legitimate business, an agent, or contractor of a legitimate business, for the following purposes:

- (a) to verify the accuracy of information submitted to the business, agent, or contractor
- (b) in case information submitted to the business, agent or contractor is incorrect or no longer is correct, to obtain the correct information, for sole purpose of preventing fraud.

We are also requesting the search account for use in connection with matters regarding motor vehicle advisories such as performance monitoring of motor vehicles, motor vehicle marketing, including, but not limited to removal of non-owner records from the original owner records of motor vehicle manufacturers.

EIN#

VENDOR# 21-900409

OH DLR# UD018359

AZ DLR#

FLEXCO Fleet Lease Exchange Company, Inc

L00005465



DATE 07/03/2014 DOCUMENT ID 201418301566

DESCRIPTION
DOMESTIC AGENT SUBSEQUENT
APPOINTMENT (AGS)

FILING EXPED 25.00 0.00

PENALTY CERT COPY 0.00 0.00 0.00

Receipt

This is not a bill. Please do not remit payment.

CSC 2711 CENTERVILLE RD STE 400 WILMINGTON, DE 19808

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
CP14028

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FLEET LEASE EXCHANGE CO., INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Effective Date: 07/02/2014

201418301566



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of July, A.D. 2014.

Jon Hustel

Ohio Secretary of State

MOTOR VEHICLE DEALER LICENSE

AS PROVIDED FOR UNDER CHAPTER 4517 OF THE REVISED CODE IN THE STATE OF OHIO, SUBJECT TO THE TERMS AND CONDITIONS ENGAGE IN THE BUSINESS OF SELLING MOTOR VEHICLES AT RETAIL THIS IS TO CERTIFY THAT THE FOLLOWING IS HEREBY LICENSED TO

FLEET LEASE EXCHANGE COMPANY 5750 CHANDLER CT

FLEXCO

01

WESTERVILLE

OH 43082



JOHN BORN DIRECTOR

GOVERNOR

PERMIT NUMBER UD018359 ISSUE DATE 01/16/15 EXPIRATION DATE 03/31/17

REGISTRAR
OHIO BUREAU OF MOTOR VEHICLES

6504



LICENSE

License Number:

L00005465

The Arizona Department of Transportation, Motor Vehicle Division, under the provisions of Arizona Revised Statutes, Title 28, hereby licenses:

FLEET LEASE EXHANGE CO INC. DBA

15028 É SUNBURT FOUNTAIN HILLS

AZ 85268

to engage in the business of:
WHOLES ALE MV DEALER IN MARICOPA COUNTY

effective this date:

JANUARY 01, 2004

This license shall expire when one of the following occurs:

- The licensee fails, neglects or refuses to pay the required fee for the ensuing year.
- The bond furnished for this license is found to be insufficient or the licensee fails to provide any additional bond required by Arizona law.

This license must not be used except by the licensee named above.

This license must be conspicuously displayed.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting	44		
✓ IVIPS (Individual record inquire	•		
☐ Bulk vehicle/vessel records (E	<i>Batch process)</i> Frequ	uency <i>(check one)</i> :	One time Periodic Regular
PRINT or TYPE Company / Agency name			
American Family Mutual Insurar			
Contract contact/manager (IVIPS and Bulk reco	rds accounts)	Signing Authority name (B	ulk records accounts only)
Lisa McNally			
	· IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(425) 495-0532 Imcnally@an			
Physical address of business (Number and street,			
6000 American Parkway, Madis			
Mailing address of business, if different (Address of			
225 N 45h Street, Phoenix, AZ 8		dy Nielsen	
Provide one of Taxpayer Identification Nu	mber (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
2 Provide a detailed explanation of your primary I	ousiness activity (exactly what y	our business does).	
3 Check all that apply to you and/or your busines			
☐ Attorney	Lien service		☐ Service bureau for another business
☐ Auction			Provide business name:
Auto manufacturer or agent	Neighborhood		_
Bail bonds	☐ Newspaper or		Storage facility
Bank or financing firm	☐ Non-profit org		☐ Title/Escrow
Business	Parking enforce		☐ Toll facility
Commercial parking company	Private investi	0	☐ Towing company
Credit union	☐ Process serve		Transporter
Data broker/Reseller		nt Government	Union (non-profit)
Debt recovery/Collection	Property mgm		☐ Vehicle/Vessel dealer
Employer/Prospective employer	Repossession	service	☐ I represent a business that will
Government	☐ Retail/Store		provide information to another party
Guardianship/Trustee service	☐ School - Priva		Provide business names:
Homeowner association	School - Publi		
☐ Hospital	Scrap process		Other (explain)
Hulk hauler		ces - Government	
✓ Insurance company/agent	Security servi	ces - Private	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
To confirm ownership on vehicles, prior salvage history and confirm registration/licensing feels on total loss auto claims.
Redisclosure and/or selling of information
Will you sell or provide the information to anyone else?
If yes, who will you provide or sell the information?
ii yee, who wiii yee provide of sell the miletimation.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Evaloin
How will you provide the information to recipients? Explain.
6 Owner contact
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them?
Contact will be made with the vehicle/vessel owner if the vehicle was involved in an insurance claim with
American Family Mutual Insurance Company. Purpose of contact is to investigate a claim or complete a
settlement for vehicle/vessel damage.
7 Answer the following
Do you agree not to sell or provide the information to any third party that has not been disclosed
as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ✓ Yes □ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply	
☐ I represent a government agency. Ag	
Do you agree the information you receifor carrying out the functions of your ag	ve will only be used in an official capacity and solely pency?
 I represent a Washington State busin your current business license any/all professional licenses that you 	
 ☐ I represent a business outside Wash Washington, attach a legible copy of eit your current business license a letter with a signature of the owner 	ington State. If your business is not required to be licensed in the state of
 I am a process server. Attach legible of your current business license any/all professional licenses that you registration for county jurisdictions 	copies of:
 Other documents reviewed and a 	llowing:
 □ I represent a data broker/reseller – a IVIPS applicants must also include: subscriber roster (provided on page subscriber agreements 	attach a legible copy of your current business license. 4)
 I am an attorney.* Attach legible copie. your current business license your current bar card 	s of:
 I am a private investigator.* Attach leg your current Private Investigator licer your current business license 	
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	ator accesses a vehicle record in IVIPS, we will send a notification letter
	ncealing a material fact required in this request or making false rmation from an individual's motor vehicle record is subject to federal 5.12.640
By signing or typing your name, you are certified the foregoing is true and correct.	fying under penalty of perjury under the laws of the state of Washington that
	Physical Damage Claim Field Manager Title
4/20/15 Snohomish County Date and place (county) signed	X Lisa McNally Signature
Federal Driver Privacy Protection Act (DPPA) Washington State laws RCW 42.56, RCW 46.	

10W 47, WAC 300-10, and WAC 300-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #	
	Legal business hame	Contact hame	Email	Telephone #	
1	Address, City, State, ZIP code	-	Subscriber's permissible	e use	
	Does the subscriber provide inf	ormation to			
	an attorney or private investiga	□No			
	Legal business name	Contact name	Email	Telephone #	
2	Address, City, State, ZIP code		Subscriber's permissible	Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?		□No		
	Legal business name	Contact name	Email	Telephone #	
3	Address, City, State, ZIP code		Subscriber's permissible	e use	
	Does the subscriber provide into an attorney or private investiga	ormation to tor?	□No		
	Legal business name	Contact name	Email	Telephone #	
4	Address, City, State, ZIP code		Subscriber's permissible	Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? □ Yes □ No		□No		
	Legal business name	Contact name	Email	Telephone #	
5	Address, City, State, ZIP code		Subscriber's permissible	e use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No		□No		
	Legal business name	Contact name	Email	Telephone #	
6	Address, City, State, ZIP code		Subscriber's permissible	e use	
	Does the subscriber provide information to an attorney or private investigator? ☐ Yes ☐ No				
	an attorney or private investiga				
	Legal business name	Contact name	Email	Telephone #	
7	Address, City, State, ZIP code		Subscriber's permissible	e use	
	Does the subscriber provide intan attorney or private investiga	pes the subscriber provide information to a attorney or private investigator? □ Yes □ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

No. 2166

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That

AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN Madison, Wisconsin

organized under the laws of <u>WISCONSIN</u>, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Property Vehicle General Casualty

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

IN WITNESS WHEREOF, effective as of the 8th day of November , 2001 , I have hereunto set my hand and caused my official seal to be affixed this 14th day of

THE STATE OF THE S

W-1/1

Chief Deputy Insurance Commissioner

No. 2167

Certificate of Authority

STATE OF WASHINGTON INSURANCE COMMISSIONER OLYMPIA

THIS IS TO CERTIFY. That

AMERICAN FAMILY MUTUAL INSURANCE COMPANY Madison, Wisconsin

organized under the laws of <u>WISCONSIN</u>, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Property Marine & Transportation Vehicle General Casualty

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

IN WITNESS WHEREOF, effective as of the 8th day of November, 2001, I have hereunto set my hand and caused my official seal to be affixed this 14th day of

MOH

Chief Deputy Insurance Commissioner



vsdisclose@dol.wa.gov.

Renewal Application Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to:

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access	you are requesting					
		an) Cumant I	VIDC avantage if applicable			
	ole/vessel records <i>(Ba</i>		VIPS number, if applicable	One time Devication	□ Describer	
		acri process)	Frequency (check one):	☐ One time ☐ Periodic	☐ Regular	
PRINT or TYPE Comp						
HANDELS' PR	AUCESS nager (IVIPS and Bulk record	(a				
GEORGE HA		is accounts)	Signing Authority nam	Signing Authority name (Bulk records accounts only)		
(Area code) Phone nu		VIDS and Bulk room	(Area code) Phone sum	(Area code) Phone number Email (required for Bulk records)		
(253) 200-746				Email (required for bulk recon	us)	
	siness (Number and street, Cit		COIII			
			D, WA 98499-1451			
	iness, if different (Address or F					
Walling address of bus	iness, ir dinerent (Address of F	O box, Oily, State, 2	in code)			
Provide one of	Taxpayer Identification Num	ber (TIN)	Employer Identification Number (EIN	WA Unified Business Iden	WA Unified Business Identifier (UBI) 602097615	
these identifiers:			. ,	602097615		
Check all that appl Attorney	y to you and/or your business	☐ Lien se	rvice	☐ Service bureau for an	other busines	
Auction		☐ Marina		Provide business name:		
	cturer or agent		orhood block watch			
Bail bonds			aper or media	Storage facility		
☐ Bank or financing firm			ofit organization	☐ Title/Escrow		
Business			enforcement	☐ Toll facility		
	parking company		investigator	Towing company		
Credit union		Process		Transporter		
☐ Data broker/Reseller			y mgmt Government	Union (non-profit)		
			y mgmt Private	Vehicle/Vessel deale		
Employer/Prospective employer			ession service	☐ I represent a busines		
Government		☐ Retail/S		provide information to		
	/Trustee service	and the same of th	- Private	Provide business na	mes:	
Homeowner	association	process.	- Public	Other (seeds is)		
☐ Hospital			rocessor or wrecker	Other (explain)		
Hulk hauler		processed .	y services - Government			
	mpany/agent	□ Security	v services - Private			

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	
Address verification of defendants named on court proceedings/documents.	
5 Redisclosure and/or selling of information	
Will you sell or provide the information to anyone else?	Sell / Provide No
If no, skip to Section 6.	_ Sell Flovide _ No
If yes, who will you provide or sell the information?	
In the event of contest of service, information MAY be provided to courts.	
in the event of contest of service, information was be provided to courts.	
The release and redisclosure of personal information is restricted by state and federal laws	: How do you ensure
recipients are entitled to personal information under these laws?	. How do you onouro
Government	
How will you provide the information to recipients? Explain.	
via affidavit	
6 Owner contact	
Will you contact the vehicle/vessel owner?	✓ Ves □ No
Unsolicited business contact for commercial purposes is strictly prohibited.	
If yes, why will you contact the owner and how will you contact them?	
Personally or via co-resident for service of process.	
, c.co.i.a.i., c. via co reciación co co preciseo	
7 Answer the following	
1. Do you agree not to sell or provide the information to any third party that has not been das part of this application?	
2. Do you agree not to use the information for any purpose other than reasons stated on the	nis
application?	
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?	
unsoliched business confact, or promoting the sale of any goods of services?	INO

I represent a dovernment agency Agen	
☐ I represent a government agency. Ager	ncy name:
	will only be used in an official capacity and solely acy?
 ✓ I represent a Washington State busines your current business license 	
 Washington, attach a legible copy of either your current business license a letter with a signature of the owner or 	gton State. If your business is not required to be licensed in the state of
 I am a process server. Attach legible cope your current business license any/all professional licenses that you pergistration for county jurisdictions 	pies of:
 I represent a non-profit organization or 1. Attach a legible copy of one of the follo Your Articles of Incorporation, filed v Your Tax Exempt Status from the Int Other documents reviewed and app 	wing: with the Secretary of State
 I represent a data broker/reseller – attalivips applicants must also include: subscriber roster (provided on page 4) subscriber agreements 	ach a legible copy of your current business license.
 I am an attorney.* Attach legible copies of your current business license your current bar card 	of:
 I am a private investigator.* Attach legible your current Private Investigator license your current business license 	·
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
Knowingly making a false statement or concrepresentation to obtain any personal inform criminal fines under the DPPA and RCW 46.1	ealing a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifying the foregoing is true and correct.	ing under penalty of perjury under the laws of the state of Washington tha
	OWNER / PROCESS SERVER
	111 00
4-29-15 Date and place (county) signed	* Beorge Hench

We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #	
1	Address, City, State, ZIP code	Subscriber's permissibl	Subscriber's permissible use		
	Does the subscriber provide informati an attorney or private investigator?	□ No			
	Legal business name	Contact name	Email	Telephone #	
2	Address, City, State, ZIP code		Subscriber's permissibl	e use	
	Does the subscriber provide informati an attorney or private investigator?	□ No			
	Legal business name	Contact name	Email	Telephone #	
3	Address, City, State, ZIP code	Subscriber's permissibl	Subscriber's permissible use		
	Does the subscriber provide informati an attorney or private investigator?	□No			
	Legal business name	Contact name	Email	Telephone #	
4	Address, City, State, ZIP code	Subscriber's permissibl	Subscriber's permissible use		
	Does the subscriber provide informati an attorney or private investigator?	□ No			
	Legal business name	Contact name	Email	Telephone #	
5	Address, City, State, ZIP code	dress, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide informati an attorney or private investigator?	□ No			
	Legal business name	Contact name	Email	Telephone #	
6	Address, City, State, ZIP code	Subscriber's permissibl	Subscriber's permissible use		
	Does the subscriber provide informati an attorney or private investigator?	□No			
	Legal business name	Contact name	Email	Telephone #	
7	Address, City, State, ZIP code	Subscriber's permissibl	Subscriber's permissible use		
	Does the subscriber provide informati an attorney or private investigator?	□ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

IVIPS USE AND DISCLOSURE CONTRACT ATTACHMENT A GENERAL TERMS AND CONDITIONS

In consideration of the IVIPS Uses and Disclosure Contract these General Terms and Conditions contained herein are incorporated by reference, and the parties agree as follows:

1. DEFINITIONS

As used throughout this Contract, the following terms shall have the meanings set forth below:

- 1) Access means the way Vehicle/Vessel record information is requested or retrieved by authorized Users and may include the use of IVIPS, email, fax, phone requests.
- 2) Acknowledgment means the Contractor has read this Contract in its entirety and is agreeing to comply with all contractual requirements, obligations and responsibilities contained in this Contract and all incorporated documents either attached or available online.
- 3) Contract Contact- means the representative identified in the text of this Contract who is delegated as the person(s) with the authority to administer this Contract.
- 4) Carry-forward- means that an Account number previously issued to Contractor will continue to be associated with the current and/or any subsequent Contracts and shall be used for audit findings.
- 5) Cause- means the failure of the Contractor and/or authorized User(s) to perform an act, contractual requirement or obligation, and includes but is not limited to the failure to provide documents or other requested items and includes the violation of any state or federal laws, rules and statutes associated with this Contract.
- 6) Commercial Purpose- means making any unsolicited business contact with a person named in the disclosed information, including contact intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information.
- 7) Confidential Information- means information requiring protection that is more sensitive than "public" and may be exempt from disclosure to the public or other unauthorized persons under either RCW 42.56 or other state or federal statutes. Confidential Information includes, but is not limited to, vehicle owner, social security numbers, credit card information, driver license numbers, Personal Information, law enforcement records, agency security data, and banking profiles. (Note: the 5 digit zip is not considered confidential)
- 8) **Contract** means disclosure agreement and includes: Uses and Disclosure Contract and all attachments and documents incorporated by reference.
- 9) Contractor- means the agency, firm, provider, releasing entity, organization, individual or other entity performing services or obtaining Data under this Contract. Contractor is considered an authorized User.
- 10) Data- means information contained in the vehicle and/or vessel records provided to authorized Users under this Contract.
- 11) DBA and FKA means "doing business as" (DBA) and includes all current business, branches, subsidiaries, sister companies or previous business names Contractor was "formally known as" (FKA) and the individual locations for all DBAs and FKAs the Contractor operates, does business under or is listed on as a member of.
- 12) **Default-** means the failure of the Contractor and/or authorized User(s) to perform an act, contractual requirement or obligation, and includes but is not limited to the failure to provide documents or other requested items, failed audits, and includes the violation of any state or federal laws, rules and statutes associated with this Contract.
- 13) Delivery of any notices- includes USPS, fax, email, certified mail, or registered mail.
- 14) Inquiry means any access to IVIPS that returns: a record, no file, or no record found.
- 15) IRL- means Attachment C, Information Request Log(s), to be maintained individually by each User and provided to DOL upon request
- 16) IVIPS- means the Internet Vehicle/Vessel Information Processing System that is used to obtain information under this Uses and Disclosure Contract.

- 17) Legal Owner includes name, address, city, state, and five (5) digit zip code of the party listed as either lien holder or Registered Owner of a vehicle or vessel.
- 18) Main or Primary Account Number means account number assigned to the Contract Contact.
- 19) Personal Information- means information identifiable to any individual including, but not limited to, information that relates to a person's name, finances, education, business, use or receipt of government services or other activities, addresses, telephone numbers, social security numbers, driver licenses number, other identifying number or personal health information, any financial identifiers, and other information that may be exempt from disclosure to the public or other unauthorized persons under either RCW 42.56 or other state and federal statutes.
- 20) **Private Investigator-** means a person who is licensed under RCW 18.165 and may or may not be employed as or by a private investigator agency for the purpose of investigation, escort or bodyguard services, or property loss prevention activities.
- 21) RCW- means the Revised Code of Washington.
- 22) Redacted means to block out information so it cannot be read.
- 23) Registered Owner includes name, address, city, state, and five (5) digit zip code of the party listed as owner of the vehicle or vessel.
- 24) Salting means the act of introducing Data containing unique but false information that can be used later to identify any inappropriate disclosure of Data.
- 25) **Sub-account** means an account number assigned to an authorized User under the main account number for this Contract. Each User is assigned a unique sub-account number for use in accessing the IVIPS.
- 26) Subscriber Agreement means the document between the Contractor and Subscriber that the Contractor shall provide to DOL which sets forth the terms, conditions, and use and required security of Data by the Subscriber. The agreement must include: Subscriber's name, date of Agreement, and Subscriber's use of Data.
- 27) Subscriber means the agency, firm, provider, releasing entity, organization, individual, customer, or other entity engaged in doing business with the Contractor to obtain, or otherwise utilize or receive benefit from, the Data received from DOL and includes the purchasing of a service or product from Contractor. A Subscriber must be entitled to the Data with a permissible use under the state and federal disclosure and privacy laws.
- 28) Subscriber Roster means a Microsoft Word or Excel document that the Contractor shall provide to DOL with current, accurate, and verifiable information for each Subscriber and must include: legal name, address, a contact name with email and telephone number, and the Subscribers permissible use for providing them Data from DOL. Contractor shall maintain copies of the Subscriber Roster for the term of the Contract and for six (6) years from termination of this Contract. All Subscribers must be identified on the Subscriber Roster, even if Data is only provided to them once.
- 29) **Unsolicited Business Contact** means contact intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information.
- 30) User means the Contractor and employees authorized to access IVIPS.
- 31) **Vehicle Record** means information including but not limited to records regarding: manufactured homes, mobile homes, motorcycles, trailers, recreational vehicles, and snowmobiles.
- 32) **Vessel Record -** means information including but not limited to records regarding about a vessel, boat, or other watercraft.
- 33) Violate or in violation of means, and is not limited to, break, infringe, transgress, omit, or falsify a law, rule, contract, promise, instruction, information, document, etc.
- 34) WAC- means the Washington Administrative Code.
- 35) Working day means Monday through Friday, excluding state holidays, during business hours of 8am to 5pm, Pacific Standard Time.

2. TERMS AND CONDITIONS

All rights and obligations of the parties to this Contract shall be subject to and governed by: the IVIPS Use and Disclosure Contract, General *Terms and Conditions*, *User Access/Change Request, Information Request Log, and Sample Notification Letter, Data Security Requirements, Destruction of Data, Subscriber Roster available online at https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx* and incorporated herein by reference, and shall also include the Contractor's signed *Vehicle/Vessel Contract Application*, which are incorporated by reference herein.

3. PERIOD OF PERFORMANCE

- a. Subject to other provisions the Period of Performance for this Contract shall commence on the **date of execution by both parties**, and shall not exceed the Contract end date as cited on page one (1), unless
 terminated, whichever occurs first.
- b. This Contract may be extended at DOL's discretion.
- c. Upon expiration of this Contract, IVIPS access will be unavailable.
- d. DOL is not obligated to extend or issue a Contract.
- e. To request an extension or Contract, Contractor must submit a new application (available at the DOL website at http://www.dol.wa.gov/forms/224002.pdf) with current business license (if applicable) and <u>all applicable</u> required documentation no later than thirty (30) days before the expiration.
- f. This Contract may be void upon formal action of the State Legislature enacting statutory prohibition or failure to provide funding for the performance of duties provided herein.

4. ASSURANCES

The Contractor agrees all activity pursuant to this Contract will be in accordance with all applicable current or future federal, state and local laws, rules, and regulations.

5. CONTRACT ALTERATIONS AND AMENDMENTS

DOL may amend this Contract. Amendments must be in writing and signed by personnel authorized to bind each party. DOL reserves the right not to consider changes proposed by the Contractor.

6. GOVERNANCE

This Contract shall be construed and interpreted in accordance with the laws of Washington State and the venue of any action brought under this Contract shall be in the Superior Court of Thurston County.

7. ORDER OF PRECEDENCE

In the event of an inconsistency in this Contract, unless otherwise provided in this Contract, the inconsistency shall be resolved by giving precedence in the following order:

- a. Applicable Federal and Washington State Statutes and Regulations;
- b. IVIPS Uses and Disclosure Contract;
- c. Attachment A, General Terms & Conditions; Attachment E, Data Security Requirements;
- d. Signed Vehicle/Vessel Disclosure Agreement Application;
- e. Attachment B. User Access/Change Request; Attachment C, Information Request Log;
- f. Attachment D, Sample Notification Letter; Attachment F, Destruction of Data;
- g. Attachment G, Subscriber Roster and
- h. Any other provisions of this Contract incorporated by reference.

8. SEVERABILITY

If any term or condition in this Contract is held invalid, this shall not affect other terms and conditions of this Contract.

9. INDEPENDENT CAPACITY OF THE CONTRACTOR

The employees or agents of each party under this Contract shall continue to be the employee or agent of that party and shall not be considered for any purpose to be employees or agents of the other party.

10. ASSIGNABILITY

The ability of the Contractor to access IVIPS pursuant to this Contract shall not be assigned or delegated in whole or in part.

11. SUBCONTRACTS

The Contractor shall not enter into subcontracts for access to IVIPS under this Contract. This clause does not include contracts of employment between the Contractor and personnel assigned to work under the Contract on *Attachment B*, User Access/Change Request.

12. SUBSCRIBERS

The Contractor shall disclose to DOL if records will be provided to a Subscriber (see definition of Subscriber) of the Contractor. Contractor must have written Subscriber Agreements signed with its entire Subscriber clientele. Contractor is responsible for ensuring that all terms, conditions, securities, assurances applicable Federal and Washington State Statutes and Regulations, and certifications and requirements set forth in this Contract are carried forward to all Subscribers. DOL reserves the right to contact Subscribers and verify information provided by Contractor to include the Subscriber's use of records provided by the Contractor.

13. INDEMNIFICATION AND HOLD HARMLESS

a. <u>Non-Government entity</u>, the Contractor will indemnify and hold harmless the State of Washington, Department of Licensing, from contingent liability to others for damages because of bodily injury, including death, misuse of

records provided, willful misconduct, or any violations of the law or expenses incurred, that may result from the Contractor's and its Subscribers and Users, negligent performance under this Contract and any other liability for damages for which the Contractor is required to indemnify the State of Washington, Department of Licensing under any provision of this Contract. Each party shall be responsible for their own legal costs.

b. <u>Government entity</u>, each party to this Contract shall be responsible for its own acts and/or omissions and those of its officers, employees, and agents. No party to this Contract shall be responsible for the acts and omission of entities or individuals not a party to this Contract.

14. LIMITATION OF STATES LIABILITY

In no event shall the state of Washington, the Department, the Director of the Department, or any Department employees, be liable to Contractor for any claim, damages, costs, lost production, or any other loss of any kind for any reason.

The state of Washington, the Department, the Director of the Department, or any Department employee shall in no event be liable for any claim of any kind against Contractor or its Subscribers by any party for any reason.

15. RECORDS, DOCUMENTS, AND REPORTS

The Contractor shall maintain for six (6) years: books, records, including but not limited to Logs, Rosters, notification letters and other documents, evidence of accounting, and data security procedures and practices. These records shall be subject at all reasonable times to inspection, review, or audit by personnel duly authorized by DOL, the Office of the State Auditor, and federal officials so authorized by law, rule, regulation, or contract. The Contractor shall be responsible for any costs associated with an audit, audit exceptions, or disallowed costs incurred by the Contractor.

Government entities shall adhere to their designated records retention schedule.

16. CONFIDENTIALITY

Contractor, Users, and Subscribers shall maintain confidentiality of Data and Confidential Information and comply with *Attachment E*, Data Security Requirements.

17. RIGHTS OF INSPECTION

DOL reserves the right to inspect Contractor's actual place of business, to conduct a review of how it conducts business and to monitor, investigate, or audit. The Contractor shall provide the right of access to, and shall make available all information necessary to DOL, or any of its officers, or to any other authorized agent or official of the state of Washington or the federal government at all reasonable times, in order to monitor, perform audits, evaluate compliance, investigate or otherwise analyze the use of vehicle/vessel information and/or quality assurance of internal policies and procedures, and/or records relating to the safeguarding, use, and disclosure of Personal Information obtained or used as a result of this Contract and may include, but is not limited to, "Salting" by DOL. The Contractor shall make available information necessary for DOL to comply with an accounting of disclosures of an individual's Personal Information.

18. DISPUTES

The parties agree that time is of the essence in resolving disputes. During the dispute resolution period the parties agree that:

Dispute Steps

- a When a bona fide dispute concerning a question of fact arises between DOL and the Contractor and it cannot be resolved, either party may request a dispute hearing with DOL's Contracts Office. The request for a dispute hearing must:
- Be in writing;
- State the disputed issues;
- State the relative positions of the parties:
- State the Contractor's name, address, and DOL IVIPS Account number; and
- Be mailed, within three (3) working days after the parties agree that they cannot resolve the dispute, to the Contract Contact and DOL:

Department of Licensing

Contracts Office

P.O. Box 9047

Olympia WA. 98507-9047

- b. The responding party shall have five (5) working days to respond in writing to the requesting party's statement. This response shall be sent to both the Contracts Office and the requesting party.
- c. The Contracts Office shall review the written statements of the parties and reply in writing to both parties within ten (10) working days. The Contracts Office may extend this period if necessary by notifying the parties.

- d. The decision of DOL's Contracts Office shall be final and conclusive unless, within five (5) working days from the date the Contractor signed the Certified Mail Return Receipt, the Contractor requests a dispute panel. This request must be in writing to DOL's Contracts Office.
- e. If a dispute panel is requested, DOL and the Contractor shall each appoint a member to the dispute panel within five (5) working days. DOL and the Contractor shall jointly appoint a third member to the dispute panel within the next five (5) working days.
- f. The dispute panel shall review the written descriptions of the dispute, gather additional information as needed, and make a decision on the dispute in one hundred eighty (180) working days with the majority prevailing. The parties agree that the decision of the dispute panel shall be final and binding.

19. TERMINATION FOR DEFAULT

- a. If the Contractor violates any term, condition, or requirement of this Contract or fails to provide required information or documents, DOL may give the Contractor written notice of the violation.
- b. The Contractor will correct the violation within fifteen (15) days or as otherwise mutually agreed. If the violation is not corrected, DOL may, at its sole discretion, immediately terminate this Contract by written notice to the Contractor for a period of time to be determined by DOL. Upon termination, the Contractor shall be liable for damages as authorized by law.
- c. If a Contractor is found to be in violation of applicable RCWs, WACs, laws and statutes cited in this Contract, DOL may <u>immediately terminate this Contract</u>. In accordance with RCW 42.56 and 46.12.640, each violation may result in a gross misdemeanor punishable by a fine not to exceed ten thousand dollars (\$10,000), or by imprisonment in a county jail not to exceed one (1) year, or both for each violation.
- d. The Department shall suspend or revoke for up to five (5) years the privilege of contracting to obtaining Data if Contractor is found to have committed a disclosure violation as defined in RCW 46.12.640.
- e. Notice of default or notice of termination shall be conclusively deemed to have been delivered to, and received by Contractor, as of midnight of the third (3rd) day following the date of its posting in the United States mail.

20. TERMINATION FOR CONVENIENCE

This Contract may be terminated by either party with or without cause, upon five (5) working days written notice to the other party. Written notice may include, but is not limited to, notice provided by United States Postal Service (USPS), email, or fax. If this Contract is so terminated, DOL is entitled to payments required under terms of this Contract for inquiries made prior to termination. Notice of termination shall be conclusively deemed to have been delivered to, and received by Contractor, as of midnight of the third (3rd) day following the date of its posting in the United States mail.

The Department reserves the right to suspend or terminate access to IVIPS at anytime for any reason without notice to Contractor. DOL shall have no liability whatsoever to Contractor in connection with access withdrawal.

21. LEGAL FEES

In the event of litigation or other action brought to enforce Contract terms, each party is responsible for its own legal fees and costs.

22. WAIVER

Unless this Contract is amended in writing by an authorized representative of DOL, waiver of a default under this Contract, or failure by DOL to exercise its rights shall not be considered a modification or amendment to this Contract; or constitute a waiver of any subsequent default.

23. PUBLICITY

The Contractor agrees not to use DOL's logo, state seal, name to publish, email, distribute in any manner or use in any way in advertising, sales promotions, publicity, or solicitations.

24. CONTRACTOR'S PROPRIETARY INFORMATION

The Contractor acknowledges DOL is subject to chapter RCW 42.56, the Public Records Act, and this Contract shall be a public record. Any specific information submitted to DOL and claimed by the Contractor to be confidential or proprietary, must be clearly identified as such by the Contractor. To the extent consistent with RCW 42.56, DOL shall maintain the confidentiality of all such information marked confidential or proprietary. If a request is made to view the Contractor's proprietary information and DOL intends to release the information, DOL will notify the Contractor of the request and notify the Contractor of the date records will be released to the requester. It will be the responsibility of the Contractor to obtain any necessary court order enjoining that disclosure. If the Contractor fails to obtain the court order enjoining disclosure, DOL will release the requested information.

IVIPS Use and Disclosure Contract Attachment B User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name	IVIPS account number
Non-section (Control of Control o	
1. TYPE or PRINT Employee name	User sub-account number
2. Employee name	User sub-account number
3. Employee name	User sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number

This form may be duplicated.

IVIPS INFORMATION REQUEST LOG (IRL) HANDELS' PROCESS WSPS ** RESTRICTED DATA - AUTHORIZED ACCESS ONLY ** WSPS

Each USER is required to maintain a legible information Request Log (IRL) to document the reason for and account for each look up made using IVIPS. USER shall provide a legible information Request Log, upon written request from DOL, within three (3) business days of USER's receipt to such request. Each log entry must describe the exact verifiable purpose for each look up. Fallure to provide requested information to DOL will result in immediate access termination and other sanctions authorized under RCW 46.12.390. (Photocopies of this form are permitted).

START: JUNE 09, 2014

DATE	TIME	PLATE	(OR) COMPLETE VIN	NR	wR	USER	PURPOSE / Service of:	REF#	PROVIDED TO ATTORNEY OR PRIVATE INVESTIGATOR: YES/NO
6/9/2014	11:47 AM	AFP8439				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	12:41 PM	487LQA				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	12:41 PM	613EAA				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	12:41 PM	B52250F				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	12:41 PM	ANJ2984				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	12:41 PM	487LQA				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	12:41 PM	167LAQ				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	12:41 PM	097RUA				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	7:59 PM	234UZR				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	7:59 PM	AMW9278				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	7:59 PM	192DLO				GH	SOP-THURSTON SUPERIOR	102207	NO .
6/9/2014	7:59 PM	490FHI				GH	SOP-THURSTON SUPERIOR	102207	NO
6/9/2014	7:59 PM	928PFJ				GH	SOP-THURSTON SUPERIOR	102207	NO ·
6/9/2014	7:59 PM	AHX5477				GH	SOP-THURSTON SUPERIOR	102207	NO
6/19/2014	11:54 AM	638158A				GH	SOP-PIERCE SUPERIOR	14-2-08390-0	NO
6/19/2014	11:54 AM	517SUS				GH	SOP-PIERCE SUPERIOR	14-2-08390-0	. NO
6/19/2014	11:54 AM	AFG7591				GH	SOP-PIERCE SUPERIOR	14-2-08390-0	NO
6/19/2014	11:54 AM	304PYJ			9.	GH	SOP-PIERCE SUPERIOR	14-2-08390-0	NO
6/19/2014	11:54 AM	789MPC				GH	SOP-PIERCE SUPERIOR .	14-2-08390-0	NO
6/19/2014	11:54 AM	AMP2636				GH	SOP-PIERCE SUPERIOR	14-2-08390-0	NO -
6/19/2014	11:54 AM	317UBY				GH	SOP-PIERCE SUPERIOR	14-2-08390-0	NO
6/19/2014	11:54 AM	522KKR				GH	SOP-PIERCE SUPERIOR	14-2-08910-0	NO
6/19/2014	11:54 AM	770VVE				GH	SOP-PIERCE SUPERIOR	14-2-08910-0	NO
6/19/2014	11:54 AM	B91717S				GH	SOP-PIERCE SUPERIOR	14-2-08910-0	NO
8/1/2014	8:45 PM	ANM2534				GH	SOP-PIERCE DISTRICT	747547	NO
8/1/2014	8:45 PM	AlW6415				GH	SOP-PIERCE DISTRICT	747547	NO
8/28/2014	8:09 PM	705YFE				GH	SOP-KING SUPERIOR	12-2-03339-1KNT	NO
9/12/2014	3:03 AM	B52347K				GH	SOP-PIERCE COUNTY	SC1400338	NO
9/17/2014	9:46 AM	SHO9515				GH	SOP-MULTNOMAH CIRCUIT (OR)	14SC14851	NO

		SOP-MULTNOMAH CIRCUIT		
9/17/2014 9:53 AM AFW6895	GH	(OR)	14SC14851	NO
9/21/2014 1:31 AM ANX0507	GH	SOP-PIERCE COUNTY	SC1400407	NO
9/26/2014 2:25 PM AMT5306	GH	SOP-SEA DISTRICT	145-11780	NO
10/25/2014 4:28 PM WN-6070NJ	GH	SOP-PIERCE SUPERIOR	04-5-00822-7	NO
10/30/2014 6:50 PM AJS0055	GH	SOP-PIERCE DISTRICT	753564	NO
10/31/2014 1:58 PM A67621Y	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM A09056X	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM 0129XP	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM 3353RR	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM AGC7014	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM ASC1001	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM &221196	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM ACD9350	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 1:58 PM B30150G	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 2:01 PM ASC1001	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 2:03 PM ACD9350	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
10/31/2014 2:05 PM ACD9350	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
11/3/2014 6:35 AM 444ZJR	GH	SOP-KING SUPERIOR	14-2-27699-1 SEA	NO
11/14/2014 7:13 PM ADD8169	GH	SOP-KING DISTRICT-SEA	145-16045	NO
11/14/2014 7:15 PM B31826Z	GH	SOP-KING DISTRICT-SEA	145-16045	NO
11/15/2014 2:46 AM AMF7882	GH	SOP-KING DISTRICT-SEA	145-16044	NO
11/15/2014 2:51 PM B25973K	GH	SOP-KING DISTRICT-SEA	145-16044	NO
11/15/2014 2:51 PM ADY5035	GH	SOP-KING DISTRICT-SEA	145-16044	NO
11/15/2014 2:52 PM AIB7889	GH	SOP-KING DISTRICT-SEA	145-16044	NO
11/20/2014 9:38 PM AMF0184	GH	SOP-KING DISTRICT-BURIEN	142-18908	NO
11/20/2014 9:39 PM C29686A	GH	SOP-KING DISTRICT-BURIEN	142-18908	NO
11/20/2014 9:39 PM 593ZDK	GH	SOP-KING DISTRICT-BURIEN	142-18908	NO
11/20/2014 9:40 PM AOZ8014	GH	SOP-KING DISTRICT-BURIEN	142-18908	NO
11/20/2014 9:41 PM ARN6058	GH	SOP-KING DISTRICT-BURIEN	142-18908	NO
11/20/2014 9:41 PM ARN5723	GH	SOP-KING DISTRICT-BURIEN	142-18908	NO
11/22/2014 2:31 PM ASH9699	GH	SOP-312th District HARRIS(TX)	200958153	NO
11/22/2014 2:34 PM AFX2154	GH	SOP-312th District HARRIS(TX)		NO
11/24/2014 1:32 PM ANB1598	GH	SOP-PSCAA	3-007211, 12	NO
1/20/2015 10:14 AM C25345A	GH	SOP-KING DISTRICT-BURIEN		NO
1/22/2015 12:34 PM ATJ7839	GH	SOP-THURSTON DISTRICT		NO
1/22/2015 12:35 PM AQC0461	GH	SOP-THURSTON DISTRICT	105373	NO
2/5/2015 9:44 PM AST6498	GH	SOP-KING DISTRICT-BURIEN	142-19977	NO
2/5/2015 9:45 PM B73964Z	GH	SOP-KING DISTRICT-BURIEN	142-19977	NO
2/12/2015 9:27 PM APF5506	GH	SOP-PIERCE DISTRICT	755178	NO
2/13/2015 9:14 AM B02936V	GH	SOP-KING DISTRICT-BURIEN	142-20434	NO
2/13/2015 9:18 AM AGZ2852	GH	SOP-KING DISTRICT-BURIEN	142-20434	NO
2/13/2015 9:19 AM AKB3960	GH	SOP-KING DISTRICT-BURIEN	142-20434	NO

2/25/2015	12:50 PM	DP42742				GH	SOP-PSCAA	8-302516	NO
3/10/2015	8:31 PM	B71463VV				GH	SOP-PIERCE COUNTY	2was1369	NO
3/15/2015	2:47 PM	AFC3650	· · · · · · · · · · · · · · · · · · ·			GH	SOP-PIERCE DISTRICT	754995	NO
3/15/2015	6:10 PM	B77418P				GH	SOP-KING DISTRICT-BURIEN	142-20433	NO
3/17/2015	9:16 PM	912YYT				GH	SOP-KING DISTRICT-BURIEN	152-10169	NO
3/17/2015	9:18 PM	AOR5948				GH	SOP-KING DISTRICT-BURIEN	152-10169	NO
3/17/2015	9:18 PM	AAM1643				GH	SOP-KING DISTRICT-BURIEN	152-10169	NO
3/17/2015	9:23 PM	ADK0474				GH	SOP-KING DISTRICT-BURIEN	152-10169	NO
3/17/2015	9:24 PM	AOZ5612				GH	SOP-KING DISTRICT-BURIEN	152-10169	NO
3/18/2015	3:47 PM	ATA0695				GH	SOP-PSCAA	8-302470	NO
3/18/2015	6:03 PM	B81845N				GH	SOP-PSCAA	8-302469	NO
3/18/2015	6:04 PM	APL6770				GH	SOP-PSCAA	8-302469	NO
3/25/2015	10:54 AM	AJH7990				GH	SOP-PIMA SUPERIOR(AZ)	D20063481/ DC20100012	NO
			WRONG PLATE#						
3/27/2015	9:58 AM	AMP8563	ENTERED		Χ	GH	SOP-247th District HARRIS(TX)	201508067	NO
3/27/2015	10:10 AM	ANP8563	CORRECT PLATE#			GH	SOP-247th District HARRIS(TX)	201508067	NO
			WRONG PLATE#				SOP-MARACOPA SUPERIOR-		
3/31/2015	11:18 AM	ADG490	ENTERED	X		GH	JUEV DIV(AZ)	JD29820	NO
							SOP-MARACOPA SUPERIOR-		
3/31/2015	11:20 AM	ADG4909	CORRECT PLATE#			GH	JUEV DIV(AZ)	JD29820	NO
							SOP-MARACOPA SUPERIOR-		
3/31/2015	11:20 AM	ANV0159				GH	JUEV DIV(AZ)	JD29820	NO
							SOP-MARACOPA SUPERIOR-		
3/31/2015	11:21 AM	546YEV				GH	JUEV DIV(AZ)	JD29820	NO
							SOP-MARACOPA SUPERIOR-		
3/31/2015	11:22 AM	ASV7759				GH	JUEV DIV(AZ)	JD29820	NO
4/2/2015	8:08 PM	961UQS				GH	La contraction of the contractio	152-11172	NO
4/15/2015	4:11 PM	ALJ2566				GH	SOP-THURSTON SUPERIOR	14-2-02334-8	NO
4/15/2015	4:13 PM	B61534X				GH	SOP-THURSTON SUPERIOR	14-2-02334-8	NO
4/22/2015	2:07 PM	B38492H				GH	SOP-PSCAA	CP15-0018 through 20	NO
4/28/2015	7:17 PM	ADU7287				GH	SOP-KING DISTRICT-BURIEN	142-18591	NO

END: APRIL 29, 2015

Insert	dati
ТО:	

FROM:

VEHICLE RECORD DISCLOSURE NOTIFICATION

Registration information about a vehicle you own or owned has been requested by and provided to an attorney or a licensed private investigator in compliance with Revised Code of Washington (RCW) 46.12.635.

What information was disclosed?

- Descriptive vehicle information (license plate number, make, model, and year).
- Registered owner name and mailing address.

What do I need to do?

You do not need to take any action based on this letter. It is for your information only.

How can I get more information?

No information will be provided to you over the telephone.

By law, the name and address of the requesting party will be disclosed <u>only</u> if you possess a valid court order that restricts another person from contacting you or members of your household. If you have such an order, submit a copy along with a Public Record Request form, which can be found at http://www.dol.wa.gov.

Date information was provided Insert Date information was provided	
Plate number Insert Plate number	Vehicle Identification Number (VIN) Insert VIN number

IVIPS USE AND DISCLOSURE CONTRACT ATTACHMENT E DATA SECURITY REQUIREMENTS For Web-based Access

1. Computer Security

Contractor shall maintain the computers that access DOL data by ensuring the operating system and software are updated and patched, such that they remain secure from known vulnerabilities as declared by security notifications (e.g., US-CERT, SANS, Microsoft). Contractor further agrees that the computer device(s) are installed with an Anti-Virus solution and signatures updated regularly.

2. Data Security

Contractor shall preserve the confidentiality, integrity and accessibility of DOL data with administrative, technical and physical measures that conform to generally recognized industry standards and best practices.

3. Data Storage

Contractor shall ensure any and all DOL data will be stored, processed, and maintained solely on DOL designated systems and that no DOL data at any time will be processed on or transferred to any other computing device or storage medium.

4. Data Transmission

Contractor shall ensure any and all electronic transmission or exchange of system and application data with DOL will be conducted via a secure solution (e.g., HTTPS, SFT, or equivalent).

5. Distribution of Data

Contractor shall ensure no DOL data of any kind shall be transmitted, exchanged or otherwise passed to other contractors/vendors or interested parties except on a case-by-case basis as specifically agreed to in writing by DOL. Contractor further agrees not to provide screen prints outside their control. Any screen print must be disposed of as referenced in the next section, *Destruction of Data*.

6. Destruction of Data

Contractor shall, upon termination of this Contract, erase, destroy, and render unrecoverable all DOL data and certify in writing using the *Attachment F, Destruction of Data* (located online at https://fortress.wa.gov/dol/ivipsprod/) that these actions have been completed within thirty (30) days of the termination of this Contract or within seven (7) days of the request of an agent of DOL, whichever shall come first. At a minimum, media sanitization is to be performed according to the standards enumerated by the National Institute of Standards and Technology (NIST), Guidelines for Media Sanitization, SP 800-88, Appendix A—http://csrc.nist.gov/.

7. Security Breach Notification

Contractor shall comply with all applicable laws that require the notification of individuals in the event of unauthorized release of DOL data or other event requiring notification. In the event of a breach of any of the Contractor's security obligations, or other event requiring notification under applicable law, Contractor agrees to the following:

- a) Notify by telephone and e-mail of such an event within 24 hours of discovery: DOL Help Desk, phone: (360) 902-0111; email: hlbhelp@dol.wa.gov and Contract Contact, phone (360) 359-4001; email: vsdisclose@dol.wa.gov.
- b) Indemnify, hold harmless and defend DOL and its trustees, officers, and employees from and against any claims, damages, or other harm related to such notification event.
- c) Mitigate the risk of loss and comply with any notification or other requirements imposed by law and implement any reasonable requirements from DOL that will mitigate future risk of loss.

8. Access to Data

Access to the data will be restricted to authorized users by requiring a login using a unique user ID and complex password or other authentication mechanism which provides equal or greater security. Further, passwords must be changed on a periodic basis. The sharing of user ID accounts and passwords is strictly prohibited.

IVIPS USE AND DISCLOSURE CONTRACT ATTACHMENT F DESTRUCTION OF DATA

Date o	of Destruction $4-29-15$
Upon	expiration or termination of this Contract, complete and return this form to:
	Fax: 360-570-7895
	or
	Email: vsdisclose@dol.wa.gov.
	CHECK ALL THAT APPLY
	All copies of any data sets related to this Contract have been deleted from all data storage systems and media so it cannot be recovered in any way.
	All on-line access accounts related to this Contract have been deleted.
	All printed and hard copy materials and all computer media containing any data related to this Contract have been destroyed so it cannot be recovered in any way. All copies of any data sets related to this Contract shall be retained for purposes stated herein for a period of time not to exceed, after which all data shall be destroyed so it cannot be recovered in any way.
	The parties have mutually determined that return or destruction is not feasible, and mutual determination is outlined in the attached MOU. Contractor agrees to only use the Confidential Information as authorized herein and by state and federal laws.
	Contractor is a government agency and shall adhere to it required retention schedule.
Disclo	by certify, by signature below, the destruction of data as required in the IVIPS Use and sure Contract, Attachment E, Data Security Requirements, for IVIPS Contract have been eted and all data is destroyed as indicated above.
145935	
(Accour	nt Number)
HAND	DELS' PROCESS
(Contra	ctor Name)
(Signation	cong Theingh 4-29-15
(Signati	
George (Print N	a. J. Handel
	The state of the s
Owner (Title)	
253-20	0.7468
	ode & Phone Number)



MASTER LICENSE SERVICE

PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400

REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 602 097 615 Business ID #: 1

GEORGE J HANDEL 13011 MERIDIAN E H204 PUYALLUP WA 98373 9471

REGISTERED TRADE NAMES:
HANDELS' PROCESS
KING COUNTY PROCESS
PIERCE COUNTY PROCESS
WASHINGTON STATE PROCESS SERVICE

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luce
Director, Department of Licensing



Records and Licensing Services Division

Department of Executive Services King County Administration Building 500 Fourth Avenue, Room 403 Seattle, WA 98104-2337

206-296-2710 Fax 206-296-4029 TTY Relay: 711

2014/2015

Process Server Registration

Fee:

\$10.00

\$10.00

Receipt No. 3009984 Date pd: 5/27/2014 Issued: 5/27/2014

Licensee: George John Handel

Company HANDEL'S PROCESS

Address: 12917 GRAVELLY LAKE DR SW

LAKEWOOD, WA 98499

South Wester

3990

4/13/2015

License No.

Expires:

Not Transferable - Post Conspicously At Location





Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

			200
Method of access you are requesting	visa) Current IV/IDC n	umber if emplicable	
✓ IVIPS (Individual record inquir		umber, if applicable	One time Periodic Regular
☐ Bulk vehicle/vessel records (E PRINT or TYPE Company/Agency name	saich process) Fiegu	iency (check one):	One time in Feriodic En Regular
	hona IIC		
Law Offices of Frederick P.S. Will Contract contact/manager (IVIPS and Bulk recontact)		Signing Authority name (Bo	ult moords accounts only)
Lien Thai	rus accounts)	Signing Authority hame (50	dik records accounts omy
10000	IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
	anglawfirm.com	(Area code) Filone number	Etitali (regulied for bolk records)
Physical address of business (Number and street, C			
675 South Lane Street, Suite 30	- ·	12942	
Mailing address of business, if different (Address or			····
Same as Above	. o beny engy enacy and every		
Provide one of Taxpayer Identification Nu	mber (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			602342783
2 Provide a detailed explanation of your primary b	urcinece activity (exactly what w	ur business does)	
3 Check all that apply to you and/or your business Attorney	☐ Lien service		Service bureau for another business
☐ Auction	☐ Marina	felo alonometalo	Provide business name:
Auto manufacturer or agent	☐ Neighborhood		
☐ Bail bonds	☐ Newspaper or		Chavaga facility
☐ Bank or financing firm ☐ Business	Man profit orga		Storage facility
	☐ Non-profit orga	anization	☐ Title/Escrow
	Parking enforce	anization ement	☐ Title/Escrow ☐ Toll facility
Commercial parking company	☐ Parking enforc☐ Private investion	anization ement gator	☐ Title/Escrow ☐ Toll facility ☐ Towing company
☐ Commercial parking company ☐ Credit union	☐ Parking enforc ☐ Private investion ☐ Process serve	anization ement gator r	☐ Title/Escrow☐ Toll facility☐ Towing company☐ Transporter
☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller	☐ Parking enforc ☐ Private investion ☐ Process serve ☐ Property mgm	anization ement gator r t Government	 □ Title/Escrow □ Toll facility □ Towing company □ Transporter □ Union (non-profit)
 ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection 	☐ Parking enforc ☐ Private investig ☐ Process serve ☐ Property mgm ☐ Property mgm	anization ement gator r t Government t Private	 □ Title/Escrow □ Toll facility □ Towing company □ Transporter □ Union (non-profit) □ Vehicle/Vessel dealer
 ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer 	☐ Parking enforc ☐ Private investion ☐ Process serve ☐ Property mgm ☐ Property mgm ☐ Repossession	anization ement gator r t Government t Private	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit) ☐ Vehicle/Vessel dealer ☐ I represent a business that will
 ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government 	☐ Parking enforc ☐ Private investig ☐ Process serve ☐ Property mgm ☐ Property mgm	anization ement gator r t Government t Private service	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit) ☐ Vehicle/Vessel dealer ☐ I represent a business that will
 ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service 	☐ Parking enforc ☐ Private investion ☐ Process serve ☐ Property mgm ☐ Property mgm ☐ Repossession ☐ Retail/Store	anization ement gator r t Government t Private service	 □ Title/Escrow □ Toll facility □ Towing company □ Transporter □ Union (non-profit) □ Vehicle/Vessel dealer □ I represent a business that will provide information to another part
 ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service ☐ Homeowner association 	Parking enforc Private investion Process serve Property mgm Property mgm Repossession Retail/Store School - Privat	anization ement gator r t Government t Private service	 □ Title/Escrow □ Toll facility □ Towing company □ Transporter □ Union (non-profit) □ Vehicle/Vessel dealer □ I represent a business that will provide information to another party
 ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service 	Parking enforc Private investig Process serve Property mgm Property mgm Repossession Retail/Store School - Privat School - Public Scrap process	anization ement gator r t Government t Private service	 □ Title/Escrow □ Toll facility □ Towing company □ Transporter □ Union (non-profit) □ Vehicle/Vessel dealer □ I represent a business that will provide information to another party Provide business names:

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
o re	on occasions where the registered owner's name and address are not listed on the traffic police report or if our clients were only able to obtain the license plate of the other driver, we would then be able to locate the egistered owner's name and address to write to him/her a letter to determine whether they have insurance rnot for the automobile accident in question.
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	·
6	Owner contact
	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
7	Answer the following
_	1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application? ☑ Yes ☐ No
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
	unsolicited business contact, or promoting the sale of any goods or services?

Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?□ Yes □ No
 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must
include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess
• registration for county jurisdictions
 I represent a non-profit organization or corporation. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Owner/Memb

July 28, 2015

King County, WA

Date and place (county) signed

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



This is your Washington Corporation or LLC License.
This is not a Washington Business License.

LAW OFFICES OF FREDERICK P. S. WHANG C/O FREDERICK PS WHANG 675 S LANE ST STE 301 SEATTLE WA 98104-2942

Detach before posting

001140

State of Washington Business Licensing Service Office of the Secretary of State Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 602 342 783

Business ID #: 1

Expires: 02-29-2016

LAW OFFICES OF FREDERICK P. S. WHANG, LLC 55 BROADWAY TACOMA WA 98402 4102

Domestic Limited Liability Company
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES: WHANG LAW FIRM

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of Staye

City of Seattle Customer #: 565316



State of Washington UBI #: 602342783

Tax period:

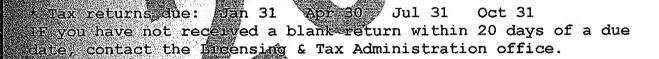
Quarterly*

Tax Reporting:

Separate

BUSINESS LICENSE

EXPIRATION DATE 12/31/2015



WHANG LAW FIRM 675 S LANE ST #301 SEATTLE, WA 98104

Not Transferable

Post Conspicuously

THE CITY OF SEATTLE

Dept. of Finance and Administrative Services

700 5th Avenue Suite 4250 P.O. BOX 34214 Scattle WA 98124-4214 (206) 684-8484 Fax (206) 684-5170 email: tax@scattle.gov-website: seattle.gov/licenses

BUSINESS MAILING ADDRESS:

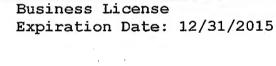
565316

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3872 / 7-7-376

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LAW OFFICES OF FREDERICK PS WHANG WHANG LAW FIRM 675 S LANE ST-STE 301 SEATTLE WA 98104-2942







Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

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Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting	'\ O1.1\(!DO		45.400
✓ IVIPS (Individual record inquir □ Bulk vehicle/vessel records (E)			One time Periodic Regular
PRINT or TYPE Company/Agency name		, (,	3
Pierce County Assessor-Treasur	er		
Contract contact/manager (IVIPS and Bulk recoi		Signing Authority name (B	ulk records accounts only)
Debbie Brammer			
	IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(253) 798-3712 dbramme@c	o.pierce.wa.us		
Physical address of business (Number and street, of	City, State, ZIP code)		
2401 South 35th Street, Room 1	42, Tacoma, WA 9	8409-7498	
Mailing address of business, if different (Address or			
Provide one of Taxpayer Identification Nu	mber (TIN) Employ	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
Property assessment & property			
			☐ Service bureau for another busines
Check all that apply to you and/or your business			Service bureau for another busines Provide business name:
Check all that apply to you and/or your business Attorney	Lien service Marina Neighborhood		Provide business name:
Check all that apply to you and/or your business Attorney Auction	Lien service Marina Neighborhood Newspaper o	r media	Provide business name: Storage facility
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm	Lien service Marina Neighborhood Newspaper o	r media Janization	Provide business name: Storage facility Title/Escrow
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business	Lien service Marina Neighborhood Newspaper o Non-profit org	r media janization cement	Provide business name: Storage facility Title/Escrow Toll facility
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enfor	r media janization cement igator	Provide business name: Storage facility Title/Escrow Toll facility Towing company
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enford Private invest	r media janization cement igator er	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enfort Private invest Process serve	r media panization cement igator er nt Government	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit)
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enfort Private invest Process serve Property mgn	r media ganization cement igator er nt Government nt Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enford Private invest Process service Property mgn Repossession	r media ganization cement igator er nt Government nt Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enfort Private invest Process serve Property mgn Property mgn Repossession Retail/Store	r media ganization cement igator er nt Government nt Private n service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another part
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enfort Private invest Process serve Property mgn Repossession Retail/Store School - Private	r media ganization cement igator er nt Government nt Private n service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enfort Private invest Process serve Property mgn Property mgn Repossession Retail/Store School - Private	r media janization cement igator er nt Government nt Private n service ate	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another part Provide business names:
Check all that apply to you and/or your business Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service	Lien service Marina Neighborhood Newspaper o Non-profit org Parking enfort Private invest Process serve Property mgn Repossession Retail/Store School - Private Scrap proces	r media ganization cement igator er nt Government nt Private n service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another part

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
To obtain purchaser's name for our taxpayer records.
Redisclosure and/or selling of information
Will you sell or provide the information to anyone else?
If no, skip to Section 6.
If yes, who will you provide or sell the information?
Information that is subject to public records disclosure will be released to any requester. Our property tax
records are also searchable via our website.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
Records that are protected will not be disclosed.
How will you provide the information to recipients? Explain.
Records are provided via mail, e-mail and on-line search.
Owner contact
Will you contact the vehicle/vessel owner?
Unsolicited business contact for commercial purposes is strictly prohibited.
If yes, why will you contact the owner and how will you contact them?
Normally, it is the owner of record who contacts our office stating the mobile home has been sold and a
seller's report has been filed.
Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply	
	ncy name: Pierce County Assessor-Treasurer
	will only be used in an official capacity and solely ncy?
 ☐ I represent a Washington State busines your current business license 	
any/all professional licenses that you p	
Washington, attach a legible copy of eitheryour current business license	gton State. If your business is not required to be licensed in the state of er: r authorized representative indicating you are their agent. The letter must
include your Employer Identification Nu	umber (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible co your current business license 	pies of:
 any/all professional licenses that you p registration for county jurisdictions 	ossess
☐ I represent a non-profit organization or	r corporation.
Attach a legible copy of one of the following the fol	
Your Articles of Incorporation, filed v	
Your Tax Exempt Status from the Int Other desuments reviewed and appropriate the control of the contro	ernal Revenue Services (501)(c)(3) roved by the Department of Licensing Public Records Officer
· ·	business owner or authorized representative indicating you are their
	ach a legible copy of your current business license.
IVIPS applicants must also include:	
subscriber roster (provided on page 4)subscriber agreements	
☐ I am an attorney.* Attach legible copies of	of.
 your current business license 	oi.
your current bar card	
☐ I am a private investigator.* Attach legib	ole copies of:
 your current Private Investigator license 	e
your current business license	
*Whenever an attorney or private investigate to the vehicle owner. RCW 46.12.635	or accesses a vehicle record in IVIPS, we will send a notification letter
	ealing a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal 2.640
By signing or typing your name, you are certifying the foregoing is true and correct.	ng under penalty of perjury under the laws of the state of Washington that
	Accounting Assistant 3
	Title
April 14, 2015 / Pierce County WA	X Debbie Brammer
Date and place (county) signed	Signature
Federal Driver Privacy Protection Act (DPPA) 18	LLS C 82721 through 82725
Washington State laws RCW 42.56, RCW 46.12	

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Christy Talbert	ctalbe1@co.pierce.wa.vs	'	
	Address, City, State, ZIP code	Offisty Falbert	Subscriber's permissible use	(233) 190-2110	
1	2401 South 35th Street, Room 142, 7				
	Does the subscriber provide information	To obtain owner's name	to update our		
	an attorney or private investigator?	taxpayer records.			
_	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Raquel Palmas	rpalmas@co.pierce.Wa.us		
	Address, City, State, ZIP code	raquei i aimas	Subscriber's permissible use	(233) 130-3010	
2	2401 South 35th Street, Room 142, 1	Tacoma IMA 98409-7498			
	Does the subscriber provide information		To obtain owner's name t	to update our	
	an attorney or private investigator?	□ Vos ✓ No	taxpayer records.		
_	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Brittanie Erickson	berick1@co.pierce.WA.US		
	Address, City, State, ZIP code	Brittanie Erickson	Subscriber's permissible use	(233) 130-1233	
3	2401 South 35th Street, Room 142, 1	Tacoma W/A 98409-7498	,		
	Does the subscriber provide information	To obtain owner's name t	to update our		
	an attorney or private investigator?	taxpayer records.			
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Vicki Short	vshort@co.pierce.WA.us		
	Address, City, State, ZIP code	Subscriber's permissible use			
4	2401 South 35th Street, Room 142, 7		o undata our		
	Does the subscriber provide information	To obtain owner's name to update our			
	an attorney or private investigator?	🗆 Yes 🗹 No	taxpayer records.		
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Tina Parrish	cparris@co.pierce.WA.us	(253) 798-7117	
5	Address, City, State, ZIP code		Subscriber's permissible use		
9	2401 South 35th Street, Room 142, 7	acoma, WA 98409-7498	To obtain owner's name t	o update our	
	Does the subscriber provide information	taxpayer records.			
	an attorney or private investigator?	🗌 Yes 🗹 No	taxpayor rocordo.		
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Sandra Moore	smoore@co.pierce.WA.Us	(253) 798-7133	
6	Address, City, State, ZIP code		Subscriber's permissible use		
0	2401 South 35th Street, Room 142, Tacoma, WA 96409-7496		To obtain owner's name to update our taxpayer records.		
	Does the subscriber provide information to				
L	an attorney or private investigator?				
	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Kim Culbertson	kculber@co.pierce. WA. US	(253) 798-3704	
7	Address, City, State, ZIP code	5 NA/A 00400 7400	Subscriber's permissible use		
-	2401 South 35th Street, Room 142, 7		To obtain owner's name to update our		
	Does the subscriber provide information	taxpayer records.			
	an attorney or private investigator?				

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #	
	Pierce County Assessor-Treasurer	Joyce Walsworth	jwalswo@co.pierce.wa.us	(253) 798-2717	
1	Address, City, State, ZIP code		Subscriber's permissible use		
•	2401 South 35th Street, Room 142, 7	To obtain owner's name	to update our		
	Does the subscriber provide information		taxpayer records.		
	an attorney or private investigator?				
1	Legal business name	Contact name	Email	Telephone #	
1				L	
2	Address, City, State, ZIP code	Subscriber's permissible use			
	Down the state of		1		
	Does the subscriber provide information				
-	an attorney or private investigator?	Contact name	Email	Telephone #	
	Legal busiliess flame	Contact name	Citian	relephone #	
	Address, City, State, ZIP code		Subscriber's permissible use		
3					
	Does the subscriber provide information				
	an attorney or private investigator?				
	Legal business name	Contact name	Email	Telephone #	
4	Address, City, State, ZIP code		Subscriber's permissible use		
-	Danath and basile and a side information	<u> </u>			
	Does the subscriber provide information an attorney or private investigator?				
-	Legal business name	Contact name	Email	Telephone #	
	Logar basiness name	osinasi name			
	Address, City, State, ZIP code		Subscriber's permissible use		
5					
	Does the subscriber provide information	to			
	an attorney or private investigator?	∐Yes ∐No			
	Legal business name	Contact name	Email	Telephone #	
			Cubasibada assaisaibla ass		
6	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information	to			
	an attorney or private investigator?	🗆 Yes 🗆 No			
-	Legal business name	Contact name	Email	Telephone #	
7	Address, City, State, ZIP code		Subscriber's permissible use		
1					
	Does the subscriber provide information	to			
1_	an attorney or private investigator?				

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

lf '	vou currently	have an	IVIPS number.	enter it here	اد

ode) Telephone number) 646-0104 ode) Telephone number) 646-0104	jwdraper' r Email (require	7@gmail.com
	dane.wol	dseth@gmail.com ZIP code 98004
	WA	98004
	WA	98004
	State	ZIP code
	State	ZIP code
Employer Identific	cation Number (EIN)	WA Unified Business Identifier (UBI) 603451814
ictivity (exactly w	what your busines	s or agency does and how

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Our practice involves representing clients' who finance auto and boat loans. Reviewing vehicle information is a common part of our practice. Our office may contact our client, the legal owner of the vehicle, in the normal course of our representation.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - · Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

James W. Draper

September 30, 2016

Date and place (county) signed

PRINT or TYPE Name

Signature of pusiness or organization representa

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087



BUSINESS LICENSE

Domestic Professional Limited Liability Company

Unified Business ID #: 603 451 814

Business ID #: 1 Location: 1

LAW OFFICE OF JAMES W. DRAPER, PLLC 400 108TH AVE NE STE 420 BELLEVUE WA 98004 5508

TAX REGISTRATION INDUSTRIAL INSURANCE UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS: BELLEVUE GENERAL BUSINESS #146688

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

LAW OFFICE OF JAMES W. DRAPER

LAW OFFICE OF JAMES W. DRAPER, PLECTOR

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or-her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

EXPIRATION DATE

A1 6 1 1

I AVE NE STE 420 HA 98004 5508 STRATION AL INSURANCE IENT INSURANCE

Merter, Department of Revenue

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LAWYER

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Lawyer Directory

Shart 5 Fr

138.91 Deposit.

James Woodrow Draper

WSBA Number: 9249

Admit Date: 10/30/1979 Member Status: Active

Public/Mailing Address: 400 108th Ave NE Ste 420

Bellevue, WA 98004-5508

United States

Phone: (425) 646-0104 Fax: (425) 646-2867

TDD:

Email:

iwdraper7@aol.com

Website:

Practice Information

Firm or Employer:

Practice Areas:

Firm Size:

Other Languages Spoken:

None Specified

Not Specified None Specified

None Specified

Liability Insurance

Private Practice: Yes

Has Insurance?

Yes - Click for more info

Last Updated: 11/15/2015

Committees

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Member of these committees/boards/panels:

None

Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

The discipline search function may or may not reveal all disciplinary action relating to a lawyer. The discipline information accessed is a summary and not the official decision in the case. For more complete information, call 206-727-8207.

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Sealuri et

Dane Michael Woldseth

WSBA Number: 40891

Admit Date: 11/18/2008

Member Status: Active

Public/Mailing Address: Law Offices of James W. Draper, PLLC

400 108th Ave NE Ste 420 Bellevue, WA 98004-5508

United States

Phone: Fax:

(425) 646-0104 (425) 646-2867

TDD:

Email:

dane.woldseth@gmail.com

Website:

Practice Information

Back to top

Firm or Employer:

Law Offices of James W. Draper, PLLC

Firm Size:

2-5 Lawyers in Firm

Practice Areas:

Bankruptcy, Business/ Commercial, Collections, Contracts,

Debtor-Creditor

Other Languages

Spoken:

None Specified

Liability Insurance

Back to top

Private Practice:

Has Insurance? Yes - Click for more info

Yes

11/16/2015 Last Updated:

Committees

Back to top

Member of these committees/boards/panels:

None

Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

The discipline search function may or may not reveal all disciplinary action relating to a lawyer. The discipline information accessed is a summary and not the official decision in the case. For more complete information, call 206-727-8207.

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Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing

PO Box 2957 Olympia, WA 98507 Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

Company/Agency name Website Hoss & Wilson-Hoss, LLP www.hossandwilson-hoss.com Contact name. Primary applicant and contract manager (Area code) Teiephone number Email (required) Robert D. Wilson-Hoss martah@hctc.com (360) 426-2999 Contact name 2 (if applicable) Email (required) (Area code) Telephone number Physical address of business (number and street) 236 West Birch Street City State ZIP code Shelton WA 98584 Mailing address of business (if different)

City

If you currently have an IVIPS number, enter it here

Taxpaver Identification Number (TIN)

Employer Identification Number (EIN)

State

WA Unified Business Identifier (UBI)

ZIP code

these identifiers

Answer the following

Provide one of

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Law Office; information will be used to locate debtors and identify assets

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will provide information to courts in Washington State, mostly Mason County Superior Court and Thurston County Superior Court; all named defendants, through service of process of pleadings

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - · Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Robert D. Wilson-Hoss

PRINT or TYPE Name

Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

modulus.		
Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🗎 No
Subscriber's permissible use		
2 Legal business name	1000 0010 00	
Address, City, State, ZIP code	4.00	A100 47 a.c.
Contact name	(Area code) Telephone number	Email
Providing information	<u> </u>	
Does the subscriber provide information to an a	ttorney or private investigat	or? L Yes L No
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information	Lawrence .	
Does the subscriber provide information to an a	ttorney or private investigat	tor? 🗌 Yes 🔲 No
Subscriber's permissible use	<u> </u>	7000
4 Legal business name		
Address, City, State, ZIP code	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Contact name	(Area code) Telephone number	Email
Providing information	<u> </u>	
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🔲 No
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

The person named on the front of this card is a lawyer admitted to practice in the state of W

This card is the pro if the holding ment WSBA or 2) if the

To verify a lawyer WSBA website at http Center at 800-945-97

all be surrendered 1) f the card.

Directory on the I the WSBA Service



WASHINGTON STATE BAR ASSOCIATION

Active Member Mr. Robert Dryden Wilson-Hoss

WSBA-ID: 8620

Admitted: 10/1978

Member Signature .

Working together to Champion Justice

CITY TREASURER'S OFFICE

BUSINESS

HOSS & WILSON-HOSS, LLP

IS HEREBY LICENSED TO OPERATE

HOSS & WILSON-HOSS, LLP

236 W BIRCH ST

98584

SHELTON, WA 236 W BIRCH ST

This License must be posted in a conspicuous place at the location. LICENSE NUMBER

16-0003120



Vehicle/Vessel On-line Access **Contract Application-IVIPS**

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) ivips@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above)

Mail Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it her

Company/Agency name Carfax, Inc.				Website WWW.carl	fax.co	m
Contact name. Primary applicant and contract manager Vince Luckey		(111000 0000)		Email (required) vinceluckey@carfax.com		earfax.com
Contact name 2 (if applicable)	(Ai	rea code) Telephone numb	per	Email (required)		
Physical address of business (nu 5860 Trinity Parkway,						
City Centreville			State VA			ZIP code 20120
Mailing address of business (if di	fferent)					
City			State			ZIP code
Provide one of these identifiers	Taxpayer Identification Number (1	(IN) Employer Iden 25-14653		umber (EIN)	WA Un	nified Business Identifier (UBI)
0 11 5 11 - 1						

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Carfax provides VIN-specific, non-personally-identifying vehicle history information to vehicle buyers and sellers.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Carfax will not contact vehicle owners or disclosure any information obtained via IVIPS, unless required to do so by law or court order.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - · Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Vince Luckey

04/10/2017 - Fairfax County, VA

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

RPD-224-002 (R/6/16)WA Page 2 of 3



Vehicle/Vessel On-line Access Contract Application-IVIPS

Fax

Phone

(360) 570-7895

(360) 359-4001

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

lf	you currently	have an	IVIPS	number	enter	it	hore

Company/Agency name Special Investigations of	Washington		Website			
Contact name. Primary applicant and contract manager Roy Rutherford (Area code) Telephone number (253) 847-3848			roy@specialinvestigations.com			
Contact name 2 (if applicable)	(Area	a code) Telephone number	Email (requir	ed)		
Physical address of business (numbe 20410 40th Avenue Ct E,	r and street)					
City Spanaway			State WA	ZIP code 98387		
Mailing address of business (if differe PO Box 4849	nt)					
City Spanaway		State WA	ZIP code 98387			
Provide one of Taxpayer Identification Number (TIN) Employer Identification State of these identifiers 911937990			cation Number (EIN)	WA Unified Business Identifier (UBI)		

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

I conduct investigations in support of civil litigation and do service of process. We locate people to serve legal process, contact victims and witnesses.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

I would contact the owner to serve papers or if they were identified in an investigation as a victim, witness, defendant, suspect or other related party. I do not disclose this information to others.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

6/9/2017

X Y

Roy Rutherford

Signature of business of organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

Date and place (county) signed



ADDRESS SERVICE REQUESTED

PPU 601

SPECIAL INVESTIGATIONS OF WASH ROY B RUTHERFORD PO BOX 4849 SPANAWAY WA 98387

STATE OF WASHINGTON

UNARMED PRIVATE INVESTIGATOR PRINCIPAL

SPECIAL INVESTIGATIONS OF WASH ROY B RUTHERFORD 21905 MOUNTAIN HWY EAST #4849 SPANAWAY WA 98387

1707

License Number

06/30/2017 Expiration Date

Pat Robles

STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A

STATE ON WHITE OF THE PROPERTY
UNARMED PRIVATE INVESTIGATOR PRINCIPAL

SPECIAL INVESTIGATIONS OF WASH ROY B RUTHERFORD 21905 MOUNTAIN HWY EAST #4849 SPANAWAY WA 98387

1707

License Number

06/27/1994 Issued Date 06/30/2017

Expiration Date

Licensee Released -

Termination Date __/_/_

Pat Kohler



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

Company/Agency name				Website			
Contact name. Primary applicant and co	ntract manager	(Area code)	Telephone number		Email (require	∋d)	
Contact name 2 (if applicable)		(Area code)	Telephone number		Email (require	ed)	
Physical address of business (number an	nd street)						
City				State			ZIP code
Mailing address of business (if different)							
City				State			ZIP code
Provide one of these identifiers	Taxpayer Identification Numb	per (TIN)	Employer Identific	dentification Number (EIN) WA L		WA U	I Inified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).							
Will you contact the owner for investigator, or to any other produced the information or so	persons or businesses	s? Use this	s space to des	scribe	how you w	vill co	ntact the owner or

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

7/7/2017

Date and place (county) signed

Signature of business or organization representative

Authorities:

City of Seattle Customer #: 8500



State of Washington UBI #: 600075819-001-0001

Tax period:

Quarterly*

Tax Reporting:

Separate BUSINESS LICENSE TAX CERTIFICATE

BUSINESS LICENSE

EXPIRATION DATE 12/31/2017 12/31/2017

* Tax returns due: Jan 31 Apr 30 Jul 31 Oct 31 IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

> MACDONALD HOAGUE & BAYLESS 705 2ND AVE #1500 SEATTLE, WA 98104

Not Transferable

Post Conspicuously

Business License Tax Certificate

Expiration Date: 12/31/2017



THE CITY OF SEATTLE

Dept. of Finance and Administrative Services

700 5th Avenue Suite 4250 P.O. BOX 34214 Seattle WA 98124-4214 (206) 684-8484 Fax (206) 684-5170 email: tax@seattle.gov website: seattle.gov/licenses

BUSINESS MAILING ADDRESS:

8500

000

/5-1-524

հեկրկվիկենգրեմիլիկիիկցիայրեսվիումբեռիեռևմենըլ MACDONALD HOAGUE & BAYLESS 705 2ND AVE STE 1500 SEATTLE WA 98104-1745



BUSINESS LICENSE

Sole Proprietorship

TROY LYNN LOCATI TROY LOCATI, LEGAL INVESTIGATOR 7313 WRIGHT AVE SW SEATTLE, WA 98136-2058

Unified Business ID #: 601000268 Business ID #: 001 Location: 0001

Expires: Jan 31, 2018

PRIVATE INVESTIGATIVE AGENCY #102 - ACTIVE

TAX REGISTRATION - ACTIVE

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL:

LOCATI, TROYLYNN

STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A

UNARMED PRIVATE INVESTIGATOR PRINCIPAL

TROY LOCATI LEGAL INVESTIGATOR TROY L LOCATI 7313 WRIGHT AVE SW SEATTLE WA 98136

1794

License Number

01/02/1992

Issued Date

01/31/2018

Expiration Date

Licensee Released -

Termination Date __/_/_

PL-630-159 (R/3/16)

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 601000268 001 0001

TROY LYNN LOCATI TROY LOCATI, LEGAL INVESTIGATOR 7313 WRIGHT AVE SW SEATTLE, WA 98136-2058

PRIVATE INVESTIGATIVE AGENCY #102 - ACTIVE TAX REGISTRATION - ACTIVE

Expires: Jan 31, 2018



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 Fax (360) 570-7895

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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here.

Company/Agency name Frontier Adjusters			Website	
Contact name. Primary applicant and contract manager John Walker Jr		(Area code) Telephone number (360) 815 6398		red) r@frontieradjusters.com
Contact name 2 (if applicable) Molly Wentworth	1	rea code) Telephone number 866) 437-8543 xt. 20		red) vorth@frontieradjusters.com
Physical address of business (nu 10915 34th-Ave SE	mber and street)			
City Everett			State WA	ZIP code 98208
Mailing address of business (if di 11014 19th Ave SE #8	•			
City Everett			State WA	ZIP code 98208
Provide one of	Taxpayer Identification Number (TIN) Employer Identific	ation Number (EIN)	WA Unified Business Identifier (UBI) 603 324 501

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Independent Insurance Adjuster. We investigate auto accidents and settle total loss vehicles, etc.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We use this information if there is an unknown owner so we can settle their claim. Additionally, we use this information to calculate settlement amounts (tabs), etc. We also use it to confirm ownership of a vehicle. to make sure the settlement is going to the legal owner. This information is provided to the claims examiner.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

John Walker Jr

08-10-2017 Snohomish County

Date and place (county) signed

Signature of siness or organization representative

Authorities:



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CLAIMS NORTHWEST LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 8/8/2013.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: May 2, 2017

UBI: 603-324-501

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State





Vehicle/Vessel On-line Access Contract Application-CPS

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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

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Company/Agency name				Website			
Contact name. Primary applicant	and contract manager	(Area code) Telephone number		Email (required)			
Contact name 2 (if applicable)		(Area code) Telephone number		Email (require	ed)	
Physical address of business (nu	mber and street)						
City				State			ZIP code
Mailing address of business (if dif	fferent)						
City				State			ZIP code
Provide one of these identifiers	Taxpayer Identification Numb	per (TIN)	Employer Identific	cation N	lumber (EIN)	WA U	 nified Business Identifier (UBI
Provide a detailed explayou will use the vehicle	anation of your primary bus and vessel records).	iness acti	ivity (exactly w	hat y	our busine:	ss or a	agency does and hov
investigator, or to any o	ner for any purpose, provid ther persons or businesses n or state that you will not d	? Use thi	s space to des	scribe	how you v	vill co	ntact the owner or

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

TODD M SOLBERG

12/05/17 SPOKANE COUNTY

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa an attorney or private investigator?	tion to	☐ No		
2	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	I
	Dana Mara and a suite and a very side in farman	Ainn An		_	
	Does the subscriber provide informa an attorney or private investigator?	Yes	☐ No		
3	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa	tion to		_	
	an attorney or private investigator?	☐ Yes	☐ No		
4	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	1
	Does the subscriber provide informa	tion to		_	
	an attorney or private investigator?	☐ Yes	☐ No		
5	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa	tion to		-	
	an attorney or private investigator?	☐ Yes	∐ No	E. all	(Anna and a) Dhana ann an
6	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide information to			-	
	an attorney or private investigator? Legal business name	Contact name	∐ No	Email	(Area code) Phone number
7	Logal buomood name	SS/MOCHANIO		Erroll	(Allow code) i fiorio fidinosi
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa	tion to		-	
	an attorney or private investigator?	☐ Yes	☐ No		

Use additional copies of this page, **if needed**. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



4564-

ASSOCIATED CREDIT SERVICE, INCORPORATED ASSOCIATED CREDIT SERVICE, INC. 12815 E SPRAGUE AVE # 200 SPOKANE VALLEY WA 99216-0742

DETACH BEFORE POSTING



BUSINESS LICENSE

Corporation

ASSOCIATED CREDIT SERVICE, INCORPORATED ASSOCIATED CREDIT SERVICE, INC. 12815 E SPRAGUE AVE # 200 SPOKANE VALLEY, WA 99216-0742

UNEMPLOYMENT INSURANCE - ACTIVE COLLECTION AGENCY - ACTIVE

Unified Business ID #: 600019846 Business ID #: 001 Location: 0001

Expires: Oct 31, 2018

INDUSTRIAL INSURANCE - ACTIVE TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:

SPOKANE VALLEY GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicke Smith



Vehicle/Vessel On-line Access Contract Application-CPS

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Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

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Company/Agency name			Website	
Fleet Lease Exchang	e Co dba FLEXCO			
Contact name. Primary applicant	(Area code) Telephone number	Email (requir	ed)	
Michelle Peaks		614-389-5860	michel	le@flxfleet.com
Contact name 2 (if applicable)	ntact name 2 (if applicable) (Area c		Email (requir	ed)
Physical address of business (nur 9200 Memorial Dri				
City			State	ZIP code
Plain City			OH	43064
Mailing address of business (if dif	ferent)			
City			State	ZIP code
Provide one of these identifiers	Taxpayer Identification Nur	mber (TIN) Employer Identifie	cation Number (EIN)	WA Unified Business Identifier (UBI)
	· · · · · · · · · · · · · · · · · · ·			
you will use the vehicle Please see attached.	, , ,			ss or agency does and how

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Michelle Peaks

PRINT or TYPE Name

X

Signature of business or organization representative

April 16, 2018

Date and place (county) signed

Authorities:



Re: Business of Use

To Whom It May Concern:

Our company remarkets vehicles for various companies. We provide a variety of licensing and titling services such as lien perfections, title & registration transfers (state to state), lease termination transfers, title / registration corrections and duplicate title requests. We have inquiry accounts with Arizona, Arkansas, Delaware, Florida, Indiana, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, North Carolina, New Jersey, New York, Ohio, South Carolina, Tennessee, and Texas.

Our licensing and titling service consists of the following duties: transferring fleet vehicle titles and registrations from one state to another when a driver has been assigned to another location. The application for title and registration is completed so that the title is forwarded to the fleet company's headquarters and the registration to the branch location in the new State of transfer. FLEXCO will either contact the State of transfer or access an online account that has been setup to verify that the transfer has taken place.

We are also employed by financial institutions under our affiliate company (Innovative Funding Services Inc) to transfer titles to their borrowers and to perfect the liens. The application for title is completed to reflect the lender's interest and forwarded to the borrower's State of residence. We will either contact the State of transfer or access an online account that has been setup to verify the completion of the title and perfection of the lien.

Our remarketing division remarkets vehicles for numerous telecommunication companies who often misplace their titles. These companies have several subdivisions and subsidiaries and the home office has no idea what name is listed on the missing title. Our licensing and titling department will either contact the State the vehicle was last registered or access an online account that has been setup to verify the subsidiary and to accurately apply for a duplicate title.

Please feel free to contact me if you should have any questions or concerns. My contact information is as follows: Ph# 614-865-3500, Fx# 614-865-9821 and email michelle@flxfleet.com.

Respectfully,

Michelle Peaks

Administrative Supervisor Title Department Manager

MOTOR VEHICLE DEALER LICENSE

THIS IS TO CERTIFY THAT THE FOLLOWING IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF SELLING MOTOR VEHICLES AT RETAIL IN THE STATE OF OHIO, SUBJECT TO THE TERMS AND CONDITIONS AS PROVIDED FOR UNDER CHAPTER 4517 OF THE REVISED CODE.

FLEET LEASE EXCHANGE COMPANY 9200 MEMORIAL DR PLAIN CITY OH. 43064 DOING BUSINESS AS O1 FLEXCO



PERMIT NUMBER
ISSUE DATE
EXPIRATION DATE
PLATE SERIES

UD018359 01/23/17 03/31/19 6504

JOHN R. KASICH GOVERNOR JOHN BORN DIRECTOR

REGISTRAR
OHIO BUREAU OF MOTOR VEHICLES



Vehicle/Vessel On-line Access Contract Application-CPS

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Company/Agency name Law Offices of Frederick P.S. Whang, LLC				Website	Website			
Contact name. Primary applicant Alice Lam	t and contract manager		e) Telephone number 223-1113	1	Email (required) alicelam@whanglawfirm.com			
Contact name 2 (if applicable)		(Area cod	e) Telephone number	Email (required)				
Physical address of business (no 675 South Lane Street								
City Seattle				State Washington	ZIP code 98104-2942			
Mailing address of business (if o	ifferent)							
City				State	ZIP code			
Provide one of these identifiers	Taxpayer Identification	n Number (TIN)	Employer Identific	cation Number (EIN)	WA Unified Business Identifie 602342783	er (UBI)		
Answer the following			-					

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Practice law and providing legal services in personal injury, immigration, criminal, family, business and bankruptcy. We would request to have name search capability as well for process service in personal injury and family law cases.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not contact the owner for any purpose nor disclose the information.

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PRINT or TYPE Name

Frederick P.S. Whang

April 04, 2018

King County WA

WA

Signature of business or organization representative

nchel Who

Date and place (county) signed

Authorities:

City of Seattle Customer #: 565316



State of Washington UBI #: 602342783-001-0001

Tax period: Quarterly*
Tax Reporting: Separate

BUSINESS LICENSE TAX CERTIFICATE

BUSINESS LICENSE

EXPIRATION DATE 12/31/2018 12/31/2018

* Tax returns due: Jan 31 Apr 30 Jul 31 Oct 31 IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

WHANG LAW FIRM 675 S LANE ST #301 SEATTLE, WA 98104

Not Transferable

Post Conspicuously

Expiration Date: 12/31/2018

Business License Tax Certificate



City of Seattle

Department of Finance and Administrative Services

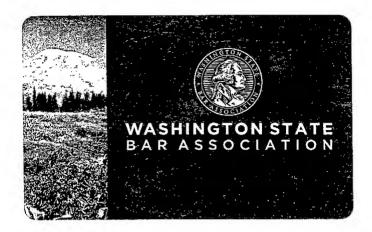
700 Fifth Ave., Suite 4250
P.O. Box 34214, Seattle, WA 98124-4214
Telephone: 206-684-8484 Fax: 206-684-5170
Email: tax@seattle.gov Website: seattle.gov/licenses

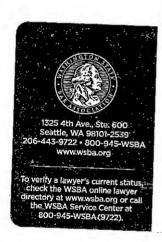
BUSINESS MAILING ADDRESS:

565316 000 5 1879 / 5-1-185

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WHANG Frederick P.S.

> WSBA Number 19562



Admission Date 06/12/1990

As of the date on this can lawyer named was admitted practice of law in Washir

Ethics line: 800-945-9722, ext. 8284



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal Information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

meting set-up lee and monthly main	to hance lee. Octop and maintenant	de lees may vary for bank records.
Method of access you are requesting	The state of the s	: Dena Ot
IVIPS (Individual record inquir	ies) Current IVIPS number, if app	olicable -> Ray m
		one): One time Periodic Regular
	SHS - Tacoma	
Contract contact/manager (IVIPS and Bulk recoi		ority name (Bulk records accounts only)
Dena Otis		
Area code) Phone number Email (required for	IVIPS and Bulk records) (Area code) P	hone number Email (required for Bulk records)
253-905 4451 Dena, 6	PLISCODSHS, WALGOV	
hysical address of business (Number and street, C	ity, State, ZIP code)	
1949 S. State	Street - Tacoma,	WA 98405
Mailing address of business, if different (Address or	PO Box, City, State, ZIP code)	
same as Abor	1e	
Provide one of Taxpayer Identification Nur		mber (EIN) WA Unified Business Identifier (UBI)
hese identifiers: 9 60010	788	
Provide a detailed explanation of your primary b	usiness activity (exactly what your business does).
Children's Adm	inistration, Def	ot, of Social and Health
Danvides honeli	to to needy Re	aidents of behvices
PINOVICIO DO ICE	w wheely ha	Side is of
	. Was	Stington State.
Check all that apply to you and/or your business		>
☐ Attorney	☐ Lien service	☐ Service bureau for another busines
☐ Auction	☐ Marina	Provide business name:
Auto manufacturer or agent	☐ Neighborhood block watch	
Bail bonds	Newspaper or media	☐ Storage facility
Bank or financing firm	☐ Non-profit organization	☐ Title/Escrow
Business	☐ Parking enforcement	☐ Toll facility
Commercial parking company	☐ Private investigator	☐ Towing company
Credit union	☐ Process server	☐ Transporter
Data broker/Reseller	Property mgmt Governme	
Debt recovery/Collection	Property mgmt Private	Vehicle/Vessel dealer
Employer/Prospective employer	Repossession service	I represent a business that will
Government	☐ Retail/Store	provide information to another part
Guardianship/Trustee service	School - Private	Provide business names:
Homeowner association	School - Public	
☐ I-lospital	Scrap processor or wrecker	r 🔲 Other (explain)
Hulk hauler	Security services - Governr	ment
Insurance company/agent	Security services - Private	

	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	to assist on site Building managers with parking enforcement concerns.
5	-left lights on -parked illegally -windows left open -car alarm keeps going off -Abandoned or Stolen Will you sell or provide the information to anyone else? If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	·
<u> </u>	Owner contact Will you contact the vehicle/vessel owner? Unsolicited business contact for commercial purposes is strictly prohibited. If yes, why will you contact the owner and how will you contact them? If owner is identified as an ensite staff person, then by phone or email.
t de la constitución de la const	if owner is not an onsite Staff Person, then by letter.
16	Answer the following 1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this application?

DDD 504 500 Daws 0 of 4 (DHAHAHAHA

Check all that apply I represent a government agency. Agency name: DSHS
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
☐ I represent a Washington State business. Attach legible copies of: • your current business license • any/all professional licenses that you possess
 □ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
 □ I am a process server. Attach tegible copies of: • your current business license • any/all professional licenses that you possess • registration for county jurisdictions
 ☐ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 ☐ I represent a data broker/reseller - attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Facility Service Coordinator II
Date and place (county) signed Signature
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

DDD 004 000 Dees 9 of 4 (D/(0)) Albis

We are committed to providing equal access to our services,

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section) Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

_					
	Legal business name , Social	Contact name	Email OLL OBHS	Telephone # 253	
	Department of and Hea	Ith Denal)tis	Dana Disa WAR	N 905-445	
ما	Address, City, State, ZIP code SCB	vices ^		J learning to the state of the	í
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	an attorney or private investigator?	☐ Yes No	ONTERDARMONI Dan	A OR NO FOR A	19.
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	Does the subscriber provide information]		
	an attorney or private investigator?	∐Yes □ No			
	Legal business name	Contact name	Email	Telephone #	•
4	Address, City, State, ZIP code		Subscriber's permissible use		
-		3. 133945			=::::
	Does the subscriber provide information	to			
_	an attorney or private investigator?	□Yes □No	77.00		
Γ	Legal business name	Contact name	Email	Telephone #	
5	Address, City, State, ZIP code		Subscriber's permissible use		
3			•	4	
ŀ	Does the subscriber provide information	to			
	an attorney or private investigator?				
	Legal business name	Contact name	Email	Telephone #	
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	Address, City, State, ZIP code		Subscriber's permissible use		
6			ourschiet's permissible use		
	Does the subscriber provide information	to			
	an attorney or private investigator?	, , , , , , , , , , , , , , , , , , ,			
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			MITTURE	Telephone #	
_	Address, City, State, ZIP code		Subscribera normicalista		
7			Subscriber's permissible use		
1	Does the subscriber provide information	to			
	an attorney or private investigator?				
	an altorney of private investigators	····· □ res □ NO			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Vehicle/Vessel Disclosure Agreement Application

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

Public Disclosure Department of Licensing PO Box 2957 Olympia WA 98507-2957

Fax: (360) 570-7895

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

PRINT OR TYPE Method of access you are requesting ✓ Internet Vehicle/Vessel Information Processing System	n (IVIPS) <i>(Individual recor</i> o	l inauir	ries) (360) 359 -	-4001
Secure data transfer (360) 902-3673	(IVII O) (IIIaiviaaai record	iiiqaii	103) (000) 000	4001
☐ Electronic Lender Transaction (ELT) (360) 902-3708	Service bureau name:			
Company/Agency name				
Intravaia Investigations LLC				
Contact name	(Area code) Telephone number	((Area code) Fax num	ber
Michael Javorsky	(206) 795-4646			
Contact name 2 (If applicable)	(Area code) Telephone number		email	
		С	ontact@	
Contact name 3 (If applicable)	(Area code) Telephone number		email	
		n	ıwseattleivestiç	gations.com
Physical address of business (Number and street)				
1216 NE 148th Street		State		
City Shoreline			ZIP code 98155	
Mailing address of business (If different)		WA	90133	
Mailing address of business (if different)				
City		State	ZIP code	
Only		Otato	211 0000	
email	website			
contact@nwseattleinvestigations.com	www.nwseattleinvestigatio	ns.co	m	
You are required to provide one of the items below.				
Tax Identification Number (TIN)				
Federal Employer Identification Number (EIN)				
Washington State Unified Business Identifer (UBI) 603-244-	728			
Agency	Use Only			
Account number	□ New acc	count	☐ Renewal	☐ Reapply
7 toodant manipor		Journ	_ nonewar	ricapply
Approved Depied Cappelled Micuse				

☐ Attorney	☐ Lien service	\square Service bureau for another business					
Auction	☐ Marina	Provide business name:					
Auto manufacturer or agent	☐ Neighborhood block watch						
Bail bonds	☐ Newspaper or media	☐ Storage facility					
☐ Bank or financing firm	☐ Non-profit organization☐ Parking enforcement	☐ Title/Escrow					
☐ Business☐ Commercial parking company	☑ Parking emorcement☑ Private investigator	☐ Toll facility☐ Towing company					
☐ Credit union	☐ Process server	☐ Transporter					
☐ Data broker/Reseller	☐ Property mgmt Government	Union (non-profit)					
Debt recovery/Collection	Property mgmt Private	☐ Vehicle/Vessel dealer					
☐ Employer/Prospective employer	☐ Repossession service	\square I represent a business that will					
☐ Government	☐ Retail/Store	provide information to another party					
☐ Guardianship/Trustee service	School - Private	Provide business name(s):					
\square Home owner association	School - Public						
│	Scrap processor or wrecker	Other (explain)					
│	☐ Security services - Government						
☐ Insurance company/agent	☐ Security services - Private						
Provide a detailed explanation of your primary but	siness activity (exactly what your business does).						
Conduct background investigations, locate missing and/or exploited adults and runaways, vulnerable adults, elusive subjects, conduct accident and personal injury investigations, locate and interview defendants, witnesses and victims, conduct bankruptcy and foreclosure estate and probate, child custody and divorce matters, conduct unsolved crimes/cold cases, uncover new leads, review existing case reports, locate suspect/s and witnesses, crime scene inves							
4 Explain in detail why you need vehicle/vessel info	rmation. Give examples. Attach additional pages if necessary	ary.					
Locate subject's named as defendant	s in civil cases and their possible addres	ses. Corroborate allegations of hidden					
assets. Locate missing persons and/	or identify subjects involved in exploiting	adults and runaways. Identify subjects					
	witnesses and suspects in cold case dea	ath investigations. Locate subjects					
named as defendants in civil cases to	named as defendants in civil cases for process service.						
5 Redisclosure and/or selling of information							
5 Redisclosure and/or selling of information							
	tion to anyone else?	Yes ☑ No					
Will you redisclose or sell the informa	tion to anyone else?						
Will you redisclose or sell the informatif yes, which will you do?							
Will you redisclose or sell the informatif yes, which will you do?							
Will you redisclose or sell the informatif yes, which will you do?							
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Will you redisclose or sell the information of the	formation? Be specific, list all recipients. a permitted use under the DPPA and Was	Sell Provide to others					
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Will you redisclose or sell the information of the	formation? Be specific, list all recipients. a permitted use under the DPPA and Was ation? Describe. wher? mercial purposes is strictly prohibited.	Sell Provide to others					
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Will you redisclose or sell the informatif yes, which will you do?	formation? Be specific, list all recipients. a permitted use under the DPPA and Was ation? Describe. wher? mercial purposes is strictly prohibited. e. hone, email, letter, and/or in person.	Sell Provide to others					
Will you redisclose or sell the informatif yes, which will you do?	formation? Be specific, list all recipients. a permitted use under the DPPA and Was ation? Describe. wher? mercial purposes is strictly prohibited. e. hone, email, letter, and/or in person. e of why you would contact them.	Sell Provide to others					

7 Check all that apply
 I represent a Washington State business. Attach legible copies of: your current business license. any/all professional licenses that you possess.
 I represent a business outside Washington State. If your business is not required to be licensed in the State of Washington, attach a legible copy of either: your current business license. a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
 I am a process server. Attach legible copies of: your current business license. any/all professional licenses that you possess. registration for county jurisdiction(s).
☐ I represent a government agency. Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:
 ☐ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I am an attorney.* Attach legible copies of: your current business license. your current bar card.
 I am a private investigator.* Attach legible copies of: your current Private Investigator license. your current business license.
*Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided. RCW 46.12.635(4) Answer the following
Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Agreement Application? Yes No
Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application? Yes \subseteq No
Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization? Yes \subseteq No
Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

	Michael Javorsky
	PRINT Name
	Owner
	Title
	1216 NE 148th Street
	Address
	Shoreline, WA 98155
	City, State, ZIP code
11/08/16	X When you have completed this form, please print it out and sign here.
Date and place	Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _ Company/Agency name Thurston County Public Health and Social Services Department http://www.co.thurston.wa.us/health/ Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) (360) 867-2578 Mark J. Koster kosterm@co.thurston.wa.us Contact name 2 (if applicable) (Area code) Telephone number Email (required) Physical address of business (number and street) 412 Lilly Road NE State ZIP code Olympia WA 98506 Mailing address of business (if different) City ZIP code Provide one of Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). I complete solid waste complaint investigations, which can involve junk vehicles. Vehicle registration records will be accessed to complete Junk Vehicle Affidavits, which will be provided to property owners to facilitate proper handling and disposal of junk vehicles. My junk vehicle inspection authorization from DOL is attached to this application. Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Vehicle owner information will be accessed and provided to the owner of the property where the junk vehicle is

located. Form TD-420-549 (junk vehicle affidavit) will be completed and provided to the property owner, for their

execution.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Mark J. Koster

April 14, 2017, Thurston County, WA

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

4/14/2017

Authorities:





December 16, 2015

Mark Koster
Thurston County Department of Public Health and Social Services
412 Lilly Road NE
Olympia, WA 98506

Dear Mark:

Thank you for attending the Junk Vehicle Certification Training held on November 19, 2015.

DOL officially authorizes you to conduct inspections and complete the Junk Vehicle Affidavits.

If you have questions regarding this authorization contact Lisa Daniels, Junk Vehicle Program at ldaniels@dol.wa.gov or at 360-902-0154.

Sincerely,

Lisa Daniels Administrative Assistant Programs and Services Division

RCW's 46.55.230 and 46.55.240

Skip a trip - go online www.dol.wa.gov



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above to fill it in
and save it.

If you currently have a CPS number, enter it here

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

Company/Agency name				Website			
Auto Data Direct, Inc.			www.add123.com				
Contact name. Primary applicant	ct name. Primary applicant and contract manager (Area code) Telephone r						
Selma Sauls		(850) 877-8804		SSauls	SSauls@add123.com		
Contact name 2 (if applicable)		(Area code	Area code) Telephone number Email (required)		red)		
Chris Gamache		(850) 877-8804 CGama		CGamac	ache@add123.com		
Physical address of business (nu	mber and street)						
1830 East Park Aver	nue, Suite 1						
City				State		ZIP code	
Tallahassee			Florida		32301-2865		
Mailing address of business (if di	fferent)				,		
City				State		ZIP code	
Provide one of	Taxpayer Identification Numb	er (TIN)	Employer Identific	cation Number (EIN)	WA Un	nified Business Identifier (UBI)	
these identifiers							
American Abra de Harrison	·		_		•		

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

The Auto Data Direct, Inc. (ADD) business model is to serve as a contractor/agent to provide motor vehicle records only to allowable entities under the provisions of the Federal Driver's Privacy Protection Act, Title 18 U.S.C. § 2721 et seq. (DPPA) and state law for the sole purpose to complete business transactions, preventing fraudulent activities, and pursuing legal remedies. (See attachment for additional information)

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

ADD will not contact the owner. Registration information will be provided to only approved ADD Subscribers (financial institutions, insurance companies, towing companies and vehicle dealers) that are entitled to receive the data under state statutes and DPPA permissible uses. This registration information will be provided via the Internet in real-time, one record per inquiry. ADD will not provide record information to attorneys or private investigators.

Washington State Department of Licensing Vehicle/Vessel On-line Access Contract Application – CPS

Attachment

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

ADD Answer Continued:

ADD qualifies to provide vehicle information to its subscribers (i.e. insurance companies, financial institutions, vehicle dealers and towing companies) under the DPPA following provisions:

- 3 For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only--
 - (a) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - (b) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
- 6 For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractor, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- 7 For use in sending out notices to owners of towed or impounded vehicles and to complete Notification of Claims or lien compliance with statutorily mandated notification requirements.

ADD security protocols require that all subscribers must complete a **DPPA Electronic User Application**, an **ADD Electronic Account Agreement** and must review **ADD's Terms of Use**. Each subscriber's application is verified by checking with the Secretary of State, Division of Corporations, Department of Business & Professional Regulations and/or Department of Business Licenses from within the state the subscriber operates in.

Each ADD subscriber and each subscriber's user are assigned their own unique username and password to access the ADD system. If ADD determines that personal information has been breached and/or user ID password has been inappropriately used, ADD suspends the account and immediately notifies the subscriber, individual and jurisdiction.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Selma B. Sauls

PRINT or TYPE Name

07/23/2018 Leon County, Florida

Date and place (county) signed

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?				
2	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	1
	Daniella antiquitation del fatta del	No. 4		_	
	Does the subscriber provide informa an attorney or private investigator?	Yes	☐ No		
3	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa	tion to		_	
	an attorney or private investigator?	☐ Yes	☐ No		
4	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide information to		_		
	an attorney or private investigator?	Yes	☐ No		
5	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use		
	Does the subscriber provide information to		_		
	an attorney or private investigator?	☐ Yes	∐ No		
6	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use		
	Does the subscriber provide information to			_	
	an attorney or private investigator?	☐ Yes	∐ No	Email	(Area code) Phone number
7	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	•
	Does the subscriber provide information to		-		
	an attorney or private investigator?	☐ Yes	☐ No		

Use additional copies of this page, **if needed**. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

State of Florida Department of State

I certify from the records of this office that AUTO DATA DIRECT, INC. is a corporation organized under the laws of the State of Florida, filed on October 22, 1999.

The document number of this corporation is P99000093112.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on February 9, 2018, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-third day of February, 2018



Ken Detran Secretary of State

Tracking Number: CU0436459490

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

company_name	dba name	contact_user	phone	email_address	phys_address	phys_city	phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
24 HOUR AUTOMOTIVE LLC	AUTO SOLUTIONS	MARIA MEDEIROS	727-848-7777	M.MEDEIROS99@YAHOO.COM	1942 S PINELLAS AVE	TARPON SPGS		34689-1941	3
2B CLAIM SERVICES	2B CLAIM SERVICES	MARK GRAMS	866-976-6616	MGRAMS@2BCLAIMSERVICES.COM	459 N GILBERT RD	GILBERT		85234-4591	6
4 ONE. ONE. LLC	TOW TRUCK COMPANY	MICHELLE WICKS	407-999-4939	EHICKS318@GMAIL.COM	639 W ROBINSON ST	ORLANDO	-	32801-1723	7
620 LAKESIDE TOWING, LP	620 LAKESIDE TOWING	BILLY DAVENPORT	512-266-8620	LAKESIDETOWING@HOTMAIL.COM	PO BOX 2499	CEDAR PARK	_	78630-2499	7
A-1 TOWING AND RECOVERY	A-1 TOWING AND RECOVERY	VICTORIA L LILES	904-282-0057	VICKYLILES@GMAIL.COM	3052 JOE JOHNS RD	MIDDLEBURG	_	32068-4323	7
AAAA CROSSTOWN TOWING AND RECOVERY	AAAA CROSSTOWN TOWING AND RECOVERY	Harry Escandon, Jr.	954-925-5252	Towman1025400844@aol.com	221 NW 1ST AVE	HALLANDLE BCH	+	33009-4001	7
AAAA WRECKER SERVICE	AAAA WRECKER SERVICE	RONDA TOWNSEND	405-424-4869	AAAAWRECKERINC@AOL.COM	3307 NE 10TH ST	OKLAHOMA CITY	_	73117-6418	7
ABSOLUTE TOWING - TEXAS	ABSOLUTE TOWING	CHARLES EDWARD KINGSLEY	254-634-2022	ABSOLUTE.TOWING@YAHOO.COM	220 W VETERANS MEMORIAL BLVD	KILLEEN	-	76541-7122	7
ACE MOTORS INC	ACE MOTORS INC	CLYDE J. WALTERS SR.	727-544-3114	CLYDEJSR@AOL.COM	6660 46TH AVE N	ST PETERSBURG	_	33709-4702	3
ACE OF GALVESTON WRECKER SERVICE	ACE OF GALVESTON WRECKER SERVICE	JULIE ANN MOLIS	409-744-1831	ACEWRECKER@SBCGLOBAL.NET	4320 WINNIE ST	GALVESTON	_	77550-1125	7
ACE WRECKER	ACE WRECKER	MELODY BLITCH MURRAY	407-855-6631	BITTYUCF11@GMAIL.COM	5601 S ORANGE BLOSSOM TRL	ORLANDO	_	32839-3353	7
ACHIEVA CREDIT UNION	ACHIEVA CREDIT UNION	DEBBIE CIECHOWSKI	727-431-7454	DCIECHOWSKI@ACHIEVACU.COM	1659 VIRGINIA ST	DUNEDIN	_	34698-7405	2
								+	7
ACTION TOWING INC OF PASCO	TATUMS TOWING & RECOVERY ALL CITY TOWING	RICHARD MACDUFFEE	727-862-9050 480-214-4964	RICHARD@ACTIONTOWINGTAMPA.COM	8629 BOLTON AVE 2031 W 1ST ST	HUDSON		34667-3640	7
ACT TOWING, LLC		FLORENCE TESS		FLO@ALLCITYTOWING.COM		TEMPE	_	85281-7201	7
A-EXCELLENCE WRECKER SERVICE INC	A-EXCELLENCE TOWING AND RECOVERY	JOSE ORTEGA	512-634-7656	AEXCELLENCETOWING@YAHOO.COM	5330 E STATE HIGHWAY 29	GEORGETOWN		78626-3803	7
AKER WRECKER II	AKER TIRE & LUBE	JIMMY AKER	580-795-7905	TOW2MAN@SBCGLOBAL.NET	120 S 1ST ST	MADILL		73446-3426	7
ALANIS WRECKER SERVICE	SAN ANTONIO VEHICLE IMPOUND FACILITY	CYNTHIA MORENO	210-389-0487	CYNDRINA73@GMAIL.COM	3625 GROWDON RD	SAN ANTONIO	-	78227-4207	7
ALEX/VIKING TOWING INC.	ALEX/VIKING TOWING INC.	WILLIAM JON ERICKSON	320-763-6738	alexvikingtowing@gmail.com	207 IRVING ST	ALEXANDRIA		56308-1444	7
ALL ABOUT TOWING INC	ALL ABOUT TOWING	PEGGY LINTON	228-215-1789	ALLABOUTTOWINGRECOVERY@GMAIL.COM	14513 STENUM ST	BILOXI			/
ALLAN'S WRECKER SERVICE, INC	ALLAN'S WRECKER SERVICE, INC	JANET MILLER	361-578-6300	SANDRA@ALLANSWRECKER.COM	2103 DUDLEY ST	VICTORIA	_	77901-1458	7
ALLEN TURNER AUTOMOTIVE INC	ALLEN TURNER AUTOMOTIVE HYUNDAI	GINA DENISE HUNLEY	850-479-9667	GHUNLEY@ALLENTURNERHYUNDAI.COM	6000 PENSACOLA BLVD	PENSACOLA		32505-2229	3
ALL FLORIDA TRANSPORTATION SERVICES INC	ALL FLORIDA TOWING	HEATHER POTTER	561-840-9300	HEATHERLOVES8@YAHOO.COM	1107 OLD DIXIE HWY	LAKE PARK		33403-2311	7
ALLIANT CREDIT UNION	ALLIANT CREDIT UNION	JASON KNAPP	800-328-1935x2128	JKNAPP@ALLIANTCREDITUNION.COM	11545 W TOUHY AVE	CHICAGO		60666-5000	3
ALLIED TOWING OF TULSA	ALLIED TOWING OF TULSA	TARA BASHAW	918-438-0288	TARA@TOWTULSA.COM	1011 N LEWIS AVE	TULSA		74110-4767	7
ALLIGATOR TOWING & RECOVERY, INC.	ALLIGATOR TOWING & RECOVERY, INC.	Marianne Fox	239-337-5800	MFALLIGATORTOW@AOL.COM	4871 DR MARTIN LUTHER KING BLVD	FORT MYERS	_	33905-3729	7
ALLSTATE WRECKER & STORAGE	ALLSTATE WRECKER & STORAGE	MONICA GIANNETTE	281-893-8800	MGIANNETTE@GMAIL.COM	12651 VETERANS MEMORIAL DR	HOUSTON		77014-2101	7
ALL VALLEY WIDE TOWING	RAMIRO SANCHEZ	GRICELDA SANCHEZ	956-233-4840	ALLVALLEYTOWING@SBCGLOBAL.NET	1202 S ARROYO BLVD	LOS FRESNOS		78566-3824	7
ALLWAYS TOWING INC	ALLWAYS TOWING	LEONARD WAYNE HOLMES	806-385-3800	ALLWAYS_TOWING@YAHOO.COM	805 E HWY 84	LITTLEFIELD	_	79339-4232	7
ALONSO'S OF ORLANDO, INC.	JORGES AUTO CLINIC	ANITA ALONSO	407-658-4048	ALONSOSOFORLANDO@CFL.RR.COM	6512 1/2 OLD CHENEY HWY	ORLANDO	FL	32807-5243	7
ALPINE TOWING INC	FUZZ WRECKER SERVICE	Jose M. Diaz	305-633-9001	joediaz412009@yahoo.com	3500 NW 67TH ST	MIAMI	FL	33147-7555	7
AMARILLO TOWING INC.	AMARILLO TOWING INC.	SAMMYE FULLER	806-355-4650	ATI@AMARILLOWRECKER.COM	1105 N MIRROR ST	AMARILLO	TX	79107-6742	7
AMERICA CAN CARS FOR KIDS	AMERICA CAN CARS FOR KIDS	COLIN WEATHERWAX	972-274-5437x2812	cweatherwax@carsforkids.org	7100 MARVIN D LOVE FWY	DALLAS	TX	75237-3110	3
AMERICAN SALES AND LEASING	INSTANT CAR OFFER	THOMAS ROWE	407-347-5050	KIP@INSTANTCAROFFER.COM	301 W SILVER STAR RD	OCOEE	FL	34761-2108	3
AMERICAN TOWING & TRANSPORT, LLC	AMERICAN TOWING & TRANSPORT, LLC	JACLYN DEMASI	813-341-3131	JDEMASI3232@GMAIL.COM	1376 E DR MARTIN LUTHER KING JR BLVD	SEFFNER	FL	33584-4818	7
AMERICA ONE AUTO RECOVERY	AMERICA ONE AUTO RECOVERY	ROLAND MAKSOUD	951-280-9800	INSURANCE@ALLINAUTOS.COM	938 HAMNER AVE	NORCO	CA	92860-3111	3
ANAYA'S ROADRUNNER WRECKER SERVICE INC	ANAYA'S ROADRUNNER WRECKER SERVICE INC	VICTORIA GARCIA	505-471-2661	tori.garcia@hotmail.com	2876 INDUSTRIAL RD	SANTA FE	NM	87507-3134	7
ANDES MOTORS INC	ANDES MOTORS INC	ANGELICA CONTRERAS	909-877-5151	ANGELICACONTRERAS86@YAHOO.COM	18347 VALLEY BLVD	BLOOMINGTON	CA	92316-1737	3
ANGELO'S TOWING LLC	ANGELO'S TOWING LLC	ANGELO ALEXAKOS	850-712-7710	ANGELOSTOWINGLLC6@GMAIL.COM	1516 BORDER ST	PENSACOLA	FL	32505-5312	7
APOLLO TOWING	FIDEL CORTEZ	NOELIA LEEANN CANTU	956-783-1500	FIDELWENDY@AOL.COM	93 E BUS 83	ALAMO	TX	78516-9200	7
APPLEGATOR TOWING	APPLEGATOR TOWING	ROBIN MUNN	541-899-1807	ROBINMUNN1@GMAIL.COM	2561 EASTSIDE RD	JACKSONVILLE	OR	97530-9305	7
APPLE TOWING & RECOVERY LLC	APPLE TOWING & RECOVERY	JAMES MILNE	727-320-3004	auto.business@gmail.com	4930 34TH ST S	ST PETERSBURG	FL	33711-4512	7
APPONE, INC	APPONE, INC	GLADYS KONRAD	937-485-7616	gladys_konrad@reyrey.com	4150 2ND ST S STE 550	SAINT CLOUD	MN	56301-3995	3
ARMOR RECOVERY SOLUTIONS INC	ARMOR RECOVERY SOLUTIONS INC	LISA CARROLL	630-543-6176	ARMORRELO@GMAIL.COM	531 W WINTHROP AVE	ADDISON	IL	60101-4433	7
ARNOLD'S TOWING	ARNOLD'S TOWING	MELINDA OVIEDO	305-296-3832	WILDFLWRS20@AOL.COM	5540 3RD AVE	KEY WEST	FL	33040-6032	7
ARR AUTOMOTIVE GROUP INC.	DOUG'S TOWING	ANTRON C. COTMAN	321-632-1411	TRONC@BELLSOUTH.NET	435 S RANGE RD	COCOA	FL	32926-5156	7
A, R & R INC.	A, R & R INC.	JAMES R COLLINS	904-259-4774	CINCOLL@COMCAST.NET	11837 N. SR 121	MACCLENNY		32063-4472	7
	ARROW WRECKER SERVICE, INC.	TRACY SETZER	405-943-1800	TRACYSHIRE713@GMAIL.COM	700 N VILLA AVE	OKLAHOMA CITY	_	73107-6418	7
ARROW WRECKER SERVICE, INC OK	ANNOW WRECKER SERVICE, INC.	TINACI SEIZEN	403-343-1000	THACISITILE TISE ON ALL CON	1700 IN VILLA AVE	OKLAHOWA CITT			
ARROW WRECKER SERVICE, INC OK ASAP TOWING AND STORAGE CO.	ASAP TOWING AND STORAGE CO.	Karen Moon	904-771-7111	karen@asaptowing.com	10053 103RD ST	JACKSONVILLE	_	32210-8625	7

company_name	dba_name	contact_user	phone	email_address	phys_address		phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
ASHA AUTOMOTIVE	W. TIDWELL STORAGE	ALLEN SULEIMAN	713-681-3206	ALLENCOLLISION@YAHOO.COM	5675 W TIDWELL RD	HOUSTON	TX	77091-4414	7
ASHER WRECKER INC	ASHER WRECKER INC	JEREMY RICE	501-562-2293	asherwrecker@gmail.com	5909 S UNIVERSITY AVE	LITTLE ROCK		72209-2151	7
A SUPERIOR TOWING COMPANY	A SUPERIOR TOWING COMPANY	LORI BRINKERHOFF	954-424-8781	LORI@ASUPERIORTOWING.COM	2385 SW 66TH TER	DAVIE		33317-7134	7 YES
ATC AUTO STORAGE LLC	ATC AUTO STORAGE LLC	STEPHANIE BENSON	713-991-1222	SBENSON@ATCAUTOSTORAGE.COM	6021 ALMEDA GENOA RD	HOUSTON		77048-4503	7
A-TEX TOWING	A-TEX TOWING	MARK F KNEPLEY	512-383-5900	mknepley@outlook.com	5526 W HIGHWAY 290	AUSTIN		78735-8804	7
ATLAS TOWING AND STORAGE LLC	ATLAS TOWING AND STORAGE, LLC	OLGA LYDIA VENEGAS	210-223-8066	ATLASTOWINGCIA@YAHOO.COM	551 STEVES AVE	SAN ANTONIO		78204-2307	7
A TOW ATLANTA, INC	A TOW ATLANTA, INC	PAGE PORTER	404-216-7097	PAGE.PORTER@ATOWINC.COM	180 HARRIETT ST SE	ATLANTA		30315-4086	7
ATP AUTO FINANCE LLC	ATP AUTO	RICHARD W MORENO	619-514-6537	RICHIE.G.MAC@GMAIL.COM	918 W MARSHALL DR	GRAND PRAIRIE		75051-2835	3
AUCTION DEALER SERVICES	AUCTION DEALER SERVICES	DIANE JACOBS	877-596-1850x1280	DJACOBS@AUCTIONDEALERSERVICES.COM	3815 US HIGHWAY 301 N	ELLENTON		34222-2330	3
AUS-TEX TOWING & RECOVERY, LLC	AUS-TEX TOWING & RECOVERY, LLC	STACEY WARREN	512-670-0700	STACEY@AUSTEXTOW.COM	1408 THREE POINTS RD	PFLUGERVILLE		78660-3157	7
Auto Data Direct, Inc.	AUTO DATA DIRECT	TOM KEELS	850-877-8804	TKEELS@ADD123.COM	1830 E. PARK AVE STE 1	TALLAHASSEE		32301	3
Auto Data Direct, Inc.	AUTO DATA DIRECT	TOM KEELS	850-877-8804	TKEELS@ADD123.COM	1830 E. PARK AVE STE 1	TALLAHASSEE		32301	6
AUTO EMPORIUM OF LAKE CITY INC.	AUTO EMPORIUM OF LAKE CITY INC.	GERALYN WARD	386-755-6444		2832 SW MAIN BLVD	LAKE CITY		32025-0211	2
	AUTO EMPORIUM OF LAKE CITY INC. AUTO EMPORIUM OF LAKE CITY INC.	GERALYN WARD	_	autoemporiumward@yahoo.com				+	7
AUTO EMPORIUM OF LAKE CITY INC.			386-755-6444	autoemporiumward@yahoo.com	2832 SW MAIN BLVD	LAKE CITY	_	32025-0211	7
AUTOMOTIVE FLEET ENTERPRISES INC	AUTOMOTIVE FLEET ENTERPRISES INC	THOMAS YOUNGQUIST	727-545-2800x102	TYOUNGQU@TAMPABAY.RR.COM	38230 CUMMER RD	DADE CITY		33523-6755	3
AUTOPAY LLC	AUTOPAY LLC	GEORGINA PEREZ-MONTELONGO	855-219-2345	DPEREZ@AUTOPAY.COM	1147 N BROADWAY	DENVER		80203-2106	3
AUTOPROS TOWING AND RECOVERY	AUTOPROS TOWING AND RECOVERY	EDUARDO R ROLDAN	813-402-2911	AUTOPROS813@AOL.COM	5011 N COOLIDGE AVE	TAMPA		33614-6421	/
AUTOTRADE MOTORS INC	AUTOTRADE MOTORS INC	MARCELO CESAR CAMBISES	954-464-3522	AUTOTRADEMOTORS@HOTMAIL.COM	428 S DIXIE HWY E	POMPANO BEACH		33060-6910	3
AUTO WORKS TOWING	AUTO WORKS TOWING	CHELSEA GRAY	850-399-1542	AUTOWORKSTOWINGHD@GMAIL.COM	208 PINE LN	FREEPORT		32439-3102	7
AVE TOWING LLC	ABC WRECKER SERVICE	JENNIFER MARTIN	817-498-2125	ABCDISPATCH6831@YAHOO.COM	6831 OLD RANDOL MILL RD	FORT WORTH		76120-1209	7
BABBSCO OF WPB, INC	BABBSCO TOWING, INC.	ELIZABETH G PRESTON	561-965-0799	BABBSCOTOWING@AOL.COM	950 D RD	LOXAHATCHEE		33470-4849	7
BAB GROUP INVESTMENTS	RONDA LANE AUTO STORAGE	NANCY BRAND	713-270-8800	NANCYJBRAND@YAHOO.COM	9334 RONDA LN	HOUSTON		77074-1329	7
BALD EAGLE TOWING AND RECOVERY	BALD EAGLE TOWING AND RECOVERY	CARLOS RODRIGUEZ	239-403-0000	CARLOS@BALDEAGLETOW.COM	3935 ENTERPRISE AVE	NAPLES		34104-3640	7
BALMORHEA TOWING & TRUCK TIRE	BALMORHEA TOWING & TRUCK TIRE	SHANE HOLMES	432-661-5137	BALMORHEATOWING@YAHOO.COM	304 DALLAS ST	BALMORHEA	TX	79718-	7
BANIS TOWING SERVICE	DONALD BANIS	JASON BANIS	210-647-3994	BANISTOWING@SBCGLOBAL.NET	6213 GRISSOM RD STE 606	SAN ANTONIO	TX	78238-2256	7
BANOS TOWING SERVICE, CORP.	BANOS TOWING SERVICE, CORP.	Beatriz Vega	305-885-6633	Banostowing@gmail.com	2112 NW 17TH AVE	MIAMI	FL	33142-7420	7
BARDOS TOWING INC	BARDOS TOWING INC	CRISTIAN LEANDRO MOJICA	352-346-7895	BARDOSTOWING@YAHOO.COM	2729 HIGHWAY 50	MASCOTTE	FL	34753-9239	7
BARNES WRECKER SERVICE, INC	BARNES WRECKER SERVICE, INC	CHRISTIE BARNES	405-737-7625	BARNESWRECKER@COXINET.NET	10103 SE 29TH ST	MIDWEST CITY	OK	73130-	7
BARNETT HARLEY-DAVIDSON	BARNETT HARLEY-DAVIDSON	SANDY WILBURN	915-592-5804x119	abaylon@barnettharley.com	8272 GATEWAY BLVD E	EL PASO	TX	79907-1511	3
BDS TOWING AND RECOVERY	BDS TOWING AND RECOVERY	GORDON KLINTWORTH	979-589-2396	bdstowing@yahoo.com	9349 DILLY SHAW TAP RD	BRYAN	TX	77808-8937	7
B & D TOWING AND RECOVERY, INC.	B & D TOWING AND RECOVERY	DENNIS J CREECH	813-839-4269	DJCREECH@LIVE.COM	5436 W INGRAHAM ST	TAMPA	FL	33616-1915	7
BEAR CREEK AUTO STORAGE 2	BEAR CREEK AUTO STORAGE 2	MANSOUR SALAMI SHOJAIE	281-463-8081	BEARCREEK156@YAHOO.COM	5463 ADDICKS SATSUMA RD	HOUSTON	TX	77084-3040	7
B & E INC.	SNAP TOWING	DONALD A ELLIS	702-564-1180	DELLIS@SNAPTOWING.COM	350 W WARM SPRINGS RD #100	HENDERSON	NV	89011-4069	7
BENS 24 HR TOWING	BENS24 HR TOWING	BENJAMIN CORTEZ	956-702-4584	BENS24HRTOWING@ATT.NET	5011 N CAGE BLVD	PHARR	TX	78577-7877	7
BENSON BROS. WRECKER SERVICE, INC - GREENVILLE	BENSON BROS. WRECKER SERVICE, INC	JUSTIN CUNNINGHAM	903-455-0504	BENSONBROS@HOTMAIL.COM	6201 HIGHWAY 380 W	GREENVILLE	TX	75401-9406	7
BIG A TOWING	BIG A VEHICLE TRANSPORT	JACKIE MILHIM	512-873-7899	BIGATOWING@SBCGLOBAL.NET	907 MCPHAUL ST	AUSTIN	TX	78758-4807	7
BILL'S TOWING & STORAGE	BILL'S TOWING & STORAGE	KEVYN A. BROWN	254-690-2869	BILLSTOWING2015@GMAIL.COM	3700 BACON RANCH RD	KILLEEN	TX	76542-8546	7
BRAD'S WRECKER SERVICE, LLC.	BRAD'S WRECKER SERVICE	KEVIN GARRETT	281-428-2723	garrettkevin35@yahoo.com	6 HAFER ST	BAYTOWN	TX	77520-	7
BREWER'S AUTOMOTIVE GROUP	BREWER'S TOWING	BRENDA LEE BRYANT	904-724-6506	BREWERAUTOGROUP@COMCAST.NET	120 LEE RD	JACKSONVILLE	FL	32225-6515	7
BRICO, LLC	AUTOBUY	ANTHONY MAIDA	561-797-2400	INFO@WEPAYTHEMAX.COM	1500 BELVEDERE RD	WEST PALM BCH	_	33406-1502	3
BROAD & JAMES LLC	BROAD & JAMES TOWING	JEREMY KEVIN VIRGIN	614-231-8697	BROADJAMESDISPATCH@GMAIL.COM	4301 E 5TH AVE	COLUMBUS		43219-1815	7
BROKEN TOW, LLC	BROKEN TOW	RYAN SMITH	361-239-8115	RYAN@BROKENTOW.COM	305 HIGHWAY 35	GREGORY	_	78359	7
BROWN & SONS, INC.	BROWN AND SONS WRECKER SERVICE	TINA BROWN	405-273-0470	BROWNANDSONSWRECKERSERVICE@YAHOO.COM	101 S KICKAPOO AVE	SHAWNEE			7
BR'S TOWING & RECOVERY	BR'S TOWING & RECOVERY	REBECCA C. PERRY	254-829-1830	wreckman72@yahoo.com	149 N CHARLES ST	ELM MOTT		76640-3661	7
BRYAN ALBRECHT	CAVIN WRECKER SERVICE	BRYAN ALBRECHT	405-263-3383	TOW5150@AOL.COM	312 W WOODSON ST	EL RENO		73036-2634	7
BRYANS AUTO REPAIR LLC	BRYANS AUTO REPAIR LLC	TAMMIE DUNCAN	850-939-6667	DARTGTS@BELLSOUTH.NET	9150 QUAIL ROOST DR	NAVARRE		32566-1182	7
BUCKHEAD TOWING INC	BUCKHEAD TOWING INC	BEVERLY L. ELLIOTT	404-223-5982	BEVELLIOTT@BELLSOUTH.NET	290 MARGARET ST SE	ATLANTA		30315-4105	7
BUDS AUTO & REPAIR AND TOWING	BUDS AUTO & REPAIR AND TOWING	RYAN MARK ELLIOTT	863-808-9829	MUSTANGBUD@GMAIL.COM	916 S COMBEE RD	LAKELAND		33801-6318	7
						_			1 2
BULLARD AUTOMOTIVE GROUP	JOE BULLARD CADILLAC	GAIL GRIFFIN	251-287-8086	GGRIFFIN@JOEBULLARD.COM	1419 E I65 SERVICE RD S	MOBILE	AL	36606-2743	3

company_name	dba_name	contact_user	phone	email_address	phys_address	phys_city	phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
BURDA'S TOWING LLC	BURDA'S TOWING LLC	LAYLA BURDA	763-428-9911	LAYLABURDA@GMAIL.COM	22451 INDUSTRIAL BLVD	ROGERS	-	55374-8749	7 YES
CALDWELL AUTO WORKS	CALDWELL AUTO WORKS	GLENN CARAVALHO	512-535-0907	GLENN.TEXAS@GMAIL.COM	1124 N BLANCO ST	LOCKHART	_	78644-1711	7
CAL-NEVADA TOWING	CAL-NEVADA TOWING	KELLY HEINRICY	775-359-3700	KELLYHEINRICY@CALNEVADATOWING.COM	1408 PITTMAN AVE	SPARKS	_	89431-5617	7
CAPITAL ONE AUTO FINANCE	CAPITAL ONE AUTO FINANCE	MAYRA FAZ	800-227-3863x2653	MAYRA.FAZ@CAPITALONE.COM	7933 PRESTON RD	PLANO		75024-2302	3 YES
CAPITAL TOW, INC.	CAPITAL TOW	KERRIE LYNN MASTERSON	817-386-7601	KERRIE@CAPITALTOW.COM	1000 S CANTON DR	FORT WORTH	_	76112-6911	7
CAR FINANCE CAPITAL	CAR FINANCE.COM	CONNIE KIRK	949-333-7478	CONNIE.KIRK@CARFINANCE.COM	7525 IRVINE CENTER DR STE 250	IRVINE		92618-3070	3
CCS TOWING AND TRANSPORT LLC	CCS	DEBORAH E THOMPSON	301-235-9075	CCSTOWANDTRANSPORT@GMAIL.COM	14900 SOUTHLAWN LN # 3	ROCKVILLE	_	20850-1321	7
CDMA GROUP LLC	RELIANT TOWING	MARK SCHROEDER	512-363-5900	MSCHROEDER@RELIANT-TOWING.COM	10000 SLAUGHTER CREEK DR	AUSTIN		78748-1436	7
CE CEDAR PARK WRECKER SERVICE, INC.	CE CEDAR PARK WRECKER SERVICE, INC.	KATHLEEN SMITH	512-267-5100	KASSIESMITH0811@GMAIL.COM	13300 WIRE RD UNIT B	LEANDER	_	78641-4001	7
CENTRAL AUTO AND TRANSPORT	CENTRAL AUTO AND TRANSPORT	MICHAEL PEREIRA	860-246-7616x115	MPEREIRA@CENTRALGROUPS.COM	195 MAXIM RD	HARTFORD		06114-1628	7
CFE FEDERAL CREDIT UNION	CFE FEDERAL CREDIT UNION	KEVIN ALGEO	407-896-9411x2223	KALGEO@MYCFE.COM	1000 PRIMERA BLVD	LAKE MARY	_	32746-2194	3
CHANCEYS WRECKER SERVICE INC.	CHANCEYS WRECKER SERVICE INC.	CARL CHANCEY	770-483-0698	cser@bellsouth.net	539 MCDANIEL MILL RD SW	CONYERS	_	30012-4969	7
CHASE MANHATTAN BANK	CHASE AUTO FINANCE	DAWN TROJILLO	817-399-6859	DAWN.M.TROJILLO@CHASE.COM	14800 FRYE RD	FORT WORTH		76155-2732	7
	CHECKER AUTO SALVAGE	ELAINE MARIE HILZ	580-355-7675		1502 SW 2ND ST	LAWTON	+	73501-7604	7
CHECKER WRECKER SERVICE				CHECKERWRK2@AOL.COM					1 7
CHUCK'S TOWING AND SALVAGE	CHUCK'S TOWING AND SALVAGE	TERESA CARUSILLO	941-626-3265		4732 HILLMAN TER	NORTH PORT	_	34288-8548	1 7
CITY 2 CITY PARTNERSHIP	CITY 2 CITY ROADSIDE & TOWING	FRANCISCO CAMACHO	702-399-8542	CITY2CITYTOWING@GMAIL.COM	2048 N COMMERCE ST	N LAS VEGAS	_	89030-4175	1
CITY TOWING INC.	CITY TOWING INC	AMANDA MORGADO	561-347-9794	interstateboca@aol.com	880 NW 1ST AVE	BOCA RATON		33432-2604	1
CITY TOWING LLC	CITY TOWING LLC	Brandi Cook	561-547-4092	TOWGIRL561@AOL.COM	510 NE 3RD ST	BOYNTON BEACH		33435-3832	/
C & L TOWING AND TRANSPORT, LLC	C & L TOWING AND TRANSPORT, LLC	CARL CHASE	321-385-3077		4155 SOUTH ST	TITUSVILLE		32796-5912	7
COLLISION CLINIC STORAGE	COLLISION CLINIC STORAGE	JOHN ELIAS	281-261-0124	COLLISIONCLINICTX@YAHOO.COM	1024 FM 1092 RD	MISSOURI CITY		77459-1538	7
COMMUNITY CREDIT UNION OF FLORIDA	COMMUNITY CREDIT UNION OF FLORIDA	MICHEL R ALEXANDER	321-690-2328x3110	ALEXANDERM@CCUFLORIDA.ORG	1030 US HIGHWAY 1	ROCKLEDGE		32955-2716	3
CONSTELLATION TOWING & RECOVERY LLC	CONSTELLATION TOWING & RECOVERY LLC	MICHAEL JAMES CADENA	407-831-3000	CONSTELLATIONTOWING@GMAIL.COM	7301 GARDNER ST	WINTER PARK	_	32792-8203	3
CORY GARCIA	TOWING XPRESS	CORY GARCIA	956-782-2869		427 E BUSI HIGHWAY 83 LOT B	ALAMO	-	78516-9616	7
COURTESY TOWING INC	COURTESY TOWING INC	Mark Jones	407-679-2352	MARK@COURTESYTOWING.COM	1850 HIGH ST	LONGWOOD	FL	32750-3721	7
COX AND WOOD, INC.	COX CAR CARE	Lynda M Wood	727-847-6655	coxcarcaretowing@aol.com	7018 US HIGHWAY 19	NEW PRT RCHY		34652-1635	7
CPS LEASING	CPS LEASING	MARTIN YUNIVER	561-733-9919	FLORIDAAUTO@HOTMAIL.COM	107 S DIXIE HWY	LAKE WORTH		33460-4132	3
CRAIG A STOWE	C&V TIRE & WRECKER SERVICE	ELIZABETH STOWE	409-296-9542	ESTOWE27@GMAIL.COM	2425 STATE HIGHWAY 124	WINNIE		77665-	7
CRESTVIEW PAINT & BODY	CRESTVIEW PAINT & BODY	JORDAN HOWELL	850-682-5257	HOWELLIORDAN32@YAHOO.COM	956 W JAMES LEE BLVD	CRESTVIEW	FL	32536-5137	7
CROSSROADS EQ LSE & FIN LLC	CROSSROADS EQ LSE & FIN LLC	ARNOLD VICTORIANO	909-291-6400	AVICTORIANO@CRLEASE.COM	9385 HAVEN AVE	RCH CUCAMONGA	CA	91730-5338	3
C & S TOWING SERVICE, INC.	C & S TOWING SERVICE, INC.	SCOTT ANDREW MARVIN SR.	386-775-8796	CHRISTELMARV1@AOL.COM	1014 SHADICK DR	ORANGE CITY	FL	32763-8903	7
DALLAS COUNTY VSF	DALLAS COUNTY VSF	PATRICIA JARVILL	214-374-8697	PJARVILLDAVIS1@GMAIL.COM	4206 E LEDBETTER DR	DALLAS	TX	75241-7809	7
DALLAS TOWBOYS	DALLAS TOWBOYS	BRENT LEMMOND	214-221-8697	KIM@DALLASTOWBOYS.COM	291 NATIONAL DR	ROCKWALL	TX	75032-6554	7
DDN ST JOHNS	HYUNDAI OF ST AUGUSTINE	MELINDA SUE MASTERS	904-797-7800x146	MELINDAMASTERS@HYUNDAIOFSTAUGUSTINE.ORG	2898 US 1 S	ST AUGUSTINE	FL	32086-6302	3
DENMAN ENTERPRISES	AA WRECKER SERVICE	LISA TRUITT	817-656-3100	AAWRECKERSERVICE@GMAIL.COM	5709 DENTON HWY STE B	HALTOM CITY	TX	76148-3722	7
DENNIS GARAGE	DENNIS GARAGE	J. Brice Dennis	386-792-2626	rollback03@windstream.net	8109 NW COUNTY ROAD 146	JENNINGS	FL	32053-2443	7
DESTIN TOWING LLC	DESTIN TOWING	SCOTT E. LEACH	850-737-1738	Destintowing@gmail.com	112 MOUNTAIN DR	DESTIN	FL	32541-7308	7
DETAILS ON WHEELS TOWING	ROBERTO PINOAMADOR	ROBERTO PINOAMADOR	561-965-1090	DOWTOWING@GMAIL.COM	7641 HOOPER RD STE 19	WEST PALM BCH	FL	33411-3808	7
DFW TOWS, LLC	WRECKER SERVICE	ASHLEY MARIE PENDLETON	972-488-8697	DFWTOW@GMAIL.COM	4532 SINGLETON BLVD	DALLAS	TX	75212-3439	7
DILLEY TOWING & RECOVERY, LLC	DILLEY TOWING & RECOVERY, LLC	BRIGIT LEANNE ARD	409-769-8196	TXBREE03@YAHOO.COM	21534 IH 10	VIDOR	TX	77662-2593	7
DISCOUNT TOWING & RECOVER LLC	DISCOUNT TOWING & RECOVERY	TODD NEIHEISER	850-763-5886	mod72@comcast.net	2798 E 5TH ST	PANAMA CITY	_	32401-5206	7
DOUG YATES TOWING & RECOVERY LLC	DOUG YATES TOWING & RECOVERY LLC	BETSYE N BISHOP	423-629-6621	BETSYE.YATESWRECKER@GMAIL.COM	2306 E 23RD ST	CHATTANOOGA	_	37407-1132	7
DRAKES SERVICE CENTER INC	DRAKES TOWING & RECOVERY	DEBRA LYNN DRAKE	936-348-6419	DRAKESTOWING@SBCGLOBAL.NET	2303 E MAIN ST	MADISONVILLE	TX	77864-2221	7
D & S TOWING LLC	NORTHPOINT TOWING AND STORAGE	ROSE MARIE MESSER	281-577-0029	NORTHPT.TOWING@YAHOO.COM	23860 LOOP 494	PORTER	_	77365-4924	7
DUE ASSOCIATES, INC.	DUE'S WRECKER SERVICE	CINDY DUE	936-632-6363	DUERACING@CONSOLIDATED.NET	2320 E LUFKIN AVE	LUFKIN		75901-5104	7
EAGLE FINANCIAL SERVICES, INC.	EAGLE FINANCIAL SERVICES, INC.	DAWN IMMORDINO	859-525-3070	DIMMORDINO@EAGLE.COM	7791 DIXIE HWY	FLORENCE		41042-2602	3
EAGLE TOWING & RECOVERY, INC.	EAGLE TOWING & RECOVERY, INC.	TRACY SHELTON	512-255-4441	EAGLETOWINGTEXAS@GMAIL.COM	710 S IH 35	ROUND ROCK		78681-6707	7
ECONOMY TOWING OF HOMESTEAD, INC.	ECONOMY TOWING OF HOMESTEAD, INC.	BARBARA FILIPOVIC	305-246-0786	BARBIEANN318@AOL.COM	111 SW 2ND ST	HOMESTEAD	_	33030-7013	7
EGBERT 121 INC	121 TOWING	TONYA KIRKPATRICK	254-933-2009		8473 W FM 93	BELTON	_	76513-8367	7
E & J AUTO TRUCK & RV SERVICE	E & J AUTO TRUCK & RV SERVICE	1 STATE STATE OF THE STATE OF T	20,000 2000			5221011		78336-2839	

SEMENDACIDATION MINISTRATION M	company_name	dba_name contact_	t_user	phone	email_address	phys_address		phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
MARKED COAD-CONTROLLED MARKED COAD-COST (1999) MARKED COAD-COST		FIRST AUTO STORAGE HISHAM	M KAMIL MAHMOUD AKA SEAN KAMIL	281-500-8765	KMHISHAM@HOTMAIL.COM	17715 CLAY RD	HOUSTON	TX	77084-3903	7
MINISTER CRITERY MINISTER CR	EMERALD COAST TOWING	EMERALD COAST TOWING BARRY D	D. DOVIN	850-244-1735	LYNDON@ECti.GCCOXMAIL.COM	129 HOLLYWOOD BLVD NE	FT WALTON BCH			7
DESCRIPTION CONTRICTOR DESCRIPTION D	EMERALD TRANSPORTATION CORP.	EMERALD TOWING CHRISTIN								7
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AMMERIS MUSIAMEE PECHANGE AMPT 1 ATO OR 518-874-1500 AMPT 1 ATO OR										7
FAST TOWNIS, INC.										6 YES
TROTES SERVICE, N.C. FENNANCE SERVICE, N.C. CATIFOLISE HORSEY 589-51-260 CALABOLISERIUS, M.T.T. 597-588-343 N.T. 177-255-351 TESTA BONNS & INSURANCE FENNANCE AND SERVICE, S										6 YES
FIRMANDIZ AND SONS ILC										7
INSTAL BORNES A BRUTANCE STATA BORNES A										<u>'</u>
PREADTO XCHANGE CORP										7
FINGER TOWNING PERLIGERANILE						-				6
REET LEASE DISPOSAL, INC										3
TLEET REPONNE LILEET RESPONNE LILEET RESPONNE MOREL DOWNATO 216-325-3870-164 NODANA OFFILET RESPONNE COM 6939 FOXEDWOOD SILVOS SILZOS NODERBOCK OH 4931-2227 LILEET STEET REAMARSETING RESPONNE MORE NODANA OFFILET RESPONNE COM 1222 SEMINOR EN 1222 SEMINOR RESPONSE	·									7
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ELECHER'S TOWING INC	FLEET RESPONSE	FLEET RESPONSE NOEL DO	OONATO	216-525-3870x164	NDONATO@FLEETRESPONSE.COM	6450 ROCKSIDE WOODS BLVD S STE 250	INDEPENDENCE	OH	44131-2237	6
FLOORENT SCHOOL FLOORED STEET SCHOOL FLOORED STEED STE	FLEET STREET REMARKETING	FLEET STREET REMARKETING MICKI M	MORAN SHILLE	727-319-0943	MSHILLE@FLEETSTREETUSA.COM	11522 SEMINOLE BLVD	LARGO	FL	33778-3233	3
FLORIDA AUTO EXPERT COMPLETE AUTOMOTIVE & IRE Riad Chaula 994-824-3204 catataug@granil.com 1875 STATE ROAD 207 STAUGUSINE F. 32088-9232 PORT WORTH VSF ORL WHITWORTH 882-404-3369 TEXASPARKINGEN-PORCEMENT@GRANIL.COM 6754 RENDON NEW HOPE RD FORT WORTH X 7510-85422 PREPROM TRUCK FINANCE LIC DOY ALLEN 972-616-8080-201 AUTEMPARE FLOOM FRUIT PROFIT TITS DALIAS TX 7551-342 FREEWAY TOWING FREEWAY TOWING MANUEL SHANCO 305-761-6233 freeway towing@ynboo.com 130T SW 715T AVE MIAMI FL 33144-5432 FREEWAY TOWING FREEWAY TOWING STRUCK FREEWAY TOWING MANUEL SHANCO David Podgorsh 336-555-6381 DARLE PERVESTOR/STOWING.COM 727 N SEGRAVE ST DAVIDA MERCH FL 32114-5320 AUTEMPARE FLOOM FRUIT PROFIT TITS DALIAS TX 7551-3422 AUTEMPARE FLOOM FRUIT PROFIT TITS TABLE FLOOR	FLETCHER'S TOWING INC	FLETCHER'S TOWING INC. KAREN B	BYRD	850-969-0065	fletcherstowing@gmail.com	121 VAN PELT LN	PENSACOLA	FL	32505-2525	7
FORT WORTH VSF	FLOORPLAN XPRESS	FLOORPLAN XPRESS BETH RO	OWE	405-605-6991	FLOOR@FPXUS.COM	2900 S TELEPHONE RD STE 220	MOORE	OK	73160-2971	3
FREEDOM TRUCK FINANCE LIC	FLORIDA AUTO EXPERT	COMPLETE AUTOMOTIVE & TIRE Riad Cha	natila	904-824-3204	catstaug@gmail.com	1875 STATE ROAD 207	ST AUGUSTINE	FL	32086-9323	7
FREEWAY TOWING	FORT WORTH VSF	FORT WORTH VSF OLE WHI	HITWORTH	682-404-8369	TEXASPARKINGENFORCEMENT@GMAIL.COM	6754 RENDON NEW HOPE RD	FORT WORTH	TX	76140-8422	7
REVER'S TOWING SERVICE	FREEDOM TRUCK FINANCE LLC	FREEDOM TRUCK FINANCE LLC JODY ALI	LLEN	972-616-8080x201	JALLEN@FREEDOMTRUCKFINANCE.COM	12221 MERIT DR STE 1175	DALLAS	TX	75251-2342	3
GARNER FAMILY ENT. INC GARNER STOWING JAMEY GARNER JAY S-5506 JAMEY GARNER STOWING NET JAS W BROADWAY ST FORTVILLE IN 46040-1408 GARNER TRUCK AND AUTO REPAIR INC. JEFF'S AUTO REPAIR AND TOWING JEFF SUTTLE 260-925-3663 Jowing & genalic.om JOWING ASTOR PAINT & BODY INC GATOR PAINT & GATOR PAINT & BODY INC GETTING HOOKED TOWNOR LIC GETTING HOOKED TOWNOR LIC GERISSIS CAPITAL FINANCE LIC GERISSIS C	FREEWAY TOWING	FREEWAY TOWING MANUEL	EL S BLANCO	305-261-6233	freeway_towing@yahoo.com	1301 SW 71ST AVE	MIAMI	FL	33144-5432	7
GARNER FAMILY ENT. INC GARNER STOWING JAMEY GARNER JAME	FRYERS TOWING SERVICE	FRYER'S TOWING SERVICE Darcie Po	Podgorski	386-255-0481		722 N SEGRAVE ST	DAYTONA BEACH	FL	32114-2020	7
GARRETT TRUCK AND AUTO REPAIR INC. IEFF'S AUTO REPAIR AND TOWING GATOR PAINT & BODY INC GERO DIRECT: Gary Hodge 863-647-6070 GHOge 863-647-6070 GHOge 863-647-6070 GHOge 863-647-6070 GHOge 663-539 GERESIS CAPITAL FINANCE LIC GERESIS CAPITAL FINANCE LIC GENESIS CAPITAL FINANCE LIC GENES	GARNER FAMILY ENT. INC		3			345 W BROADWAY ST	FORTVILLE			7
GATOR PAINT & BODY INC GECO DIRECT GATY Hodge B63-647-6070 GHOdge@geic.com G535 W PIPKIN RD LAKELAND FL 33811-2883 GECO DIRECT GENE RICON'S WRECKER CO. ROBERT IRION ROBERT LIRION RO	GARRETT TRUCK AND AUTO REPAIR INC.					4513 COUNTY ROAD 19				7
GEICO DIRECT - SIU GEICO DIRECT Gary Hodge 863-647-6070 GHodge@geico.com 3535 W PIPKIN RD LAKELAND FL 33811-2882 GENE IRION'S WRECKER CO. ROBERT IRION ROBERT LIRION 405-262-1100 ROBERT. GENEIRON'S GENERAL COM 1120 SE 27TH ST EL RENO OK 73036-5759 GENESIS CAPITAL FINANCE LLC GENESIS CAPITAL FINANCE LLC FETING HOOKED TOWING LLC GETTING HOOKED TOWING SERVICE GIBORUT LLC SARAH CANO 817-737-7325 SARAH@GIVEMETHEVIN.COM 5801 CURZON AVE STE 229 FORT WORTH TX 76107-5800 GOODE HOUSTRIES LLC GOODE TOWING SERVICE GOODE TOWING SERVICE GOODE SARAGE, INC. THOMAS ERIC GOLBOW 281-492-2761 ECGGI@PDQ.NET 21822 FRANZ RD KATY TX 7749-3705 GOODE HOUSTRIES LLC GOODE TOWING & RECOVERY LC GOODE SA-526-2774 ROSE@GOODETOW.COM 5209 SFORT HOOD ST KILLERN TX 76524-4810 GROSETT TOWING SERVICE GOSSETT TOWING SERVICE GOODE SA-526-2774 ROSE@GOODETOW.COM 5209 SFORT HOOD ST KILLERN TX 76524-8610 GRAHAM TOWING & RECOVERY LLC GRAHAM TOWING & REC					, , ,					7
GENE IRION'S WRECKER CO. ROBERT IRION ROBERT IRION 405-262-1100 ROBERT.GENEIRIONS@GMAIL.COM 1120 SE 27TH ST EL RENO OK 73036-5759 GENESIS CAPITAL FINANCE LLC GENESIS CAPITAL FINANCE LLC PEDRO TOLL 778-207-4758 PEDRO.TOLL@GENESISCAPITALFINANCE.COM 777 BRICKELL AVE STE 500 MIAMI FL 34131-2803 GETTING HOOKED TOWING LLC GETTING HOOKED TOWING LLC GETTING HOOKED TOWING LLC CHERRIE CECIL 239-300-0922 ADMIN@GETTINGHOOKED TOWING.COM 3047 TERRACE AVE STE A MIAMI FL 34104-0203 GIVEMETHEVIN LLC GIVEMETHEVIN LLC SARAH GANO 817-737-7325 SARAH GENETHEVIN.COM 5801 CURZON AVE STE 229 FORT WORTH TX 76104-0203 GOLBOW'S GARAGE, INC. THOMAS ERIC GOLBOW 281-492-2761 ECGGI@PDQ.NET 21822 FRANZ RD KATY TX 77449-3705 GOODE INDUSTRIES LLC GOODE TOWING & RECOVERY ROS & GOODE 254-526-2774 ROSE@GOODETOW.COM 5209 S FORT HOOD ST KILLEEN TX 76542-4810 GOSSETT TOWING SERVICE GOSSETT TOWING SERVICE GOSSETT TOWING SERVICE GRAHAM TOWING & RECOVERY LLC										6
GENESIS CAPITAL FINANCE LLC GETTING HOOKED TOWING LLC GETTING HOOKED TOWING LLC GETTING HOOKED TOWING LLC GETTING HOOKED TOWING LLC GIVENMETHEVIN LLC GIVENMETHEVIN LLC GIVENMETHEVIN LLC GIVENMETHEVIN LLC GOLDOW'S GARAGE, INC. THOMAS ERIC GOLBOW 281-492-2761 ECGGI@PDQ.NET 281-49-100 ENTINE MAIN ST GATESVILLE TX 76528-1641 TX 76528-1641 TX 76528-1641 ECGGI@PDQ.NET ECGGI@			-							7
GETTING HOOKED TOWING LLC GETTING HOOKED TOWING LLC GIVEMETHEVIN LLC GOLBOW'S GARAGE, INC. THOMAS ERIC GOLBOW 281-492-2761 ECGGI@PDQ.NET 284-492-2761 ECGGI@PDQ.NET 21822 FRANZ RD KATY TX 7749-3705 GOODE INDUSTRIES LLC GOODE TOWING & RECOVERY ROSE M GOODE 10HNNY LYNN GOSSETT TOWING SERVICE GOSSETT TOWING SERVICE GOSSETT TOWING & RECOVERY LLC GRAHAM TOWING & RECOVERY LLC GRAHAM TOWING & RECOVERY LLC GRIZZLY ASSET RECOVERY RAY EUREST I R 361-444-2808 RAY@GRIZZLYASSET RECOVERY LC GROVER STREET AUTO SALES GROVER STREET AUTO SALES GROVER STREET AUTO SALES GROVER STREET AUTO SALES GRUFT WRECKER SERVICE GULF COUNTY WRECKER SERVICE GUSTAVUS A. GINTER J D BYRIDER RAD SALES AND WHITE SO-215-860 SARAH GONE STIRED AND SALE SAND WHITE SO-215-860 SARAH GONE STIRED AND SAND SERVICE SAND SOND SENT TO A SUBJECT SAND SERVICE SARAH GONE STIRED AND SET SER A NAPLES FL. 3410-4-203 SARAH GROVEN STIRED AND SERVICE SARAH GONE STIRED AND SERVICE SOND SENT TOWING SERVICE SOND SENT TOWING SERVICE SOND SERVICE SOND SERVICE SERVICE SOND SER							-			3
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GOLBOW'S GARAGE,INC. GOLBOW'S GARAGE, INC. THOMAS ERIC GOLBOW 281-492-2761 ECGGI@PDQ.NET 21822 FRANZ RD KATY TX 77449-3705 GOODE INDUSTRIES LLC GOODE TOWING & RECOVERY ROSE M GOODE 254-526-2774 ROSE@GOODETOW.COM 5209 S FORT HOOD ST KILLEEN TX 76542-4810 GOSSETT TOWING SERVICE GOSSETT TOWING SERVICE JOHNNY LYNN GOSSETT 254-865-7330 GOSSETTTOWINGSERVICE@YAHOO.COM 1810 E MAIN ST GATESVILLE TX 76528-1641 GRAHAM TOWING & RECOVERY LLC KAMERON PRICE 281-383-2402 GLEASONKB@AOL.COM 6915 N HIGHWAY 146 BAYTOWN TX 77523-9019 GRIZZLY RECOVERY LLC GRIZZLY ASSET RECOVERY RAY EURESTI JR 361-444-2808 RAY@GRIZZLYASSETRECOVERY.COM 2429 HYGEIA CORP CHRISTI TX 78415-4104 GROVER STREET AUTO SALES GROVER STREET AUTO SALES DEBRA GOETT 402-932-7776 AUTO1SAFETY@GMAIL.COM 6328 GROVER ST OMAHA NE 68106-4315 GULF COUNTY WRECKER SERVICE GULF COUNTY WRECKER SERVICE KAREN D WHITE 850-215-8695 SPUD41258@YAHOO.COM 1880 S STATE ROAD 7 DAVIE FL 33317-6424 GUSTAVUS A. GINTER J D BYRIDER PAUL C. MAIER 941-896-9610 PSANTIAG@JDBYRIDER.COM 3907 14TH ST W BRADENTON FL 34205-6003					=					3
GOODE INDUSTRIES LLC GOODE TOWING & RECOVERY ROSE M GOODE JOHNNY LYNN GOSSETT JOHNNY LYNN GOSSET JOHNNY LYNN GOSSET JOHNNY LYNN GOSSET JOHNNY LYNN							+			7
GOSSETT TOWING SERVICE GOSSETT TOWING SERVICE JOHNNY LYNN GOSSETT 254-865-7330 GOSSETTTOWINGSERVICE@YAHOO.COM 1810 E MAIN ST GATESVILLE TX 76528-1641 GRAHAM TOWING & RECOVERY LLC GRAHAM TOWING & RECOVERY LLC GRIZZLY ASSET RECOVERY LLC GRIZZLY ASSET RECOVERY RAY EURESTI JR 361-444-2808 RAY@GRIZZLYASSETRECOVERY.COM 2429 HYGEIA GROVER STREET AUTO SALES GROVER STREET AUTO SALES GROVER STREET AUTO SALES GROVER STREET AUTO SALES GULF COUNTY WRECKER SERVICE GULF COUNTY WRECKER SERVICE GULF COUNTY WRECKER SERVICE GULF COUNTY WRECKER SERVICE GUSTAVUS A. GINTER J D BYRIDER J O BYRIDER TX 76528-1641 254-865-7330 GOSSETTTOWINGSERVICE@YAHOO.COM 841-846-7310 1402-932-7776 1516-444-2808 1516-444		· · · · · · · · · · · · · · · · · · ·								7
GRAHAM TOWING & RECOVERY LLC GRAHAM TOWING & RECOVERY LLC GRAHAM TOWING & RECOVERY LLC GRIZZLY RECOVERY LLC GRIZZLY RECOVERY LLC GRIZZLY ASSET RECOVERY RAY EURESTI JR 361-444-2808 RAY@GRIZZLYASSETRECOVERY.COM 2429 HYGEIA CORP CHRISTI TX 78415-4104 CORP CHRISTI TX										7
GRIZZLY RECOVERY LLC GRIZZLY ASSET RECOVERY RAY EURESTI JR 361-444-2808 RAY@GRIZZLYASSETRECOVERY.COM 2429 HYGEIA CORP CHRISTI TX 78415-4104 GROVER STREET AUTO SALES GROVER STREET AUTO SALES DEBRA GOETT 402-932-7776 AUTO1SAFETY@GMAIL.COM 6328 GROVER ST OMAHA NE 68106-4315 GULF COUNTY WRECKER SERVICE GULF COUNTY WRECKER SERVICE KAREN D WHITE 850-215-8695 SPUD41258@YAHOO.COM 711 HIGHWAY 22 WEWAHITCHKA FL 32465-3232 GUNTHER MOTOR CO OF PLANTATION, INC - KIA GUNTHER KIA JANET LIBRIZZI 954-797-1660 JANKEV29@YAHOO.COM 1880 S STATE ROAD 7 DAVIE FL 33317-6424 GUSTAVUS A. GINTER J D BYRIDER PAUL C. MAIER 941-896-9610 PSANTIAG@JDBYRIDER.COM 3907 14TH ST W BRADENTON FL 34205-6003										7
GROVER STREET AUTO SALES GROVER STREET AUTO SALES GULF COUNTY WRECKER SERVICE GULF COUNTY WRECKER SERVICE GUNTHER MOTOR CO OF PLANTATION, INC - KIA GUSTAVUS A. GINTER GROVER STREET AUTO SALES GROVER STREET AUTO SALES DEBRA GOETT KAREN D WHITE KAREN D WHITE KAREN D WHITE KAREN D WHITE S02465-3232 BANKEV29@YAHOO.COM BRA GOETT AUTO SAFETY@GMAIL.COM S0246-4315 BRA GOETT BRA GOET										7
GULF COUNTY WRECKER SERVICE GULF COUNTY WRECKER SERVICE KAREN D WHITE 850-215-8695 SPUD41258@YAHOO.COM 711 HIGHWAY 22 WEWAHITCHKA FL 32465-3232 GUNTHER MOTOR CO OF PLANTATION, INC - KIA GUNTHER KIA JANET LIBRIZZI 954-797-1660 JANKEV29@YAHOO.COM 1880 S STATE ROAD 7 DAVIE FL 33317-6424 GUSTAVUS A. GINTER J D BYRIDER PAUL C. MAIER 941-896-9610 PSANTIAG@JDBYRIDER.COM 3907 14TH ST W BRADENTON FL 34205-6003										2
GUNTHER MOTOR CO OF PLANTATION, INC - KIA GUNTHER KIA JANET LIBRIZZI 954-797-1660 JANKEV29@YAHOO.COM 1880 S STATE ROAD 7 DAVIE FL 33317-6424 GUSTAVUS A. GINTER J D BYRIDER PAUL C. MAIER 941-896-9610 PSANTIAG@JDBYRIDER.COM 3907 14TH ST W BRADENTON FL 34205-6003			4							7
GUSTAVUS A. GINTER J D BYRIDER PAUL C. MAIER 941-896-9610 PSANTIAG@JDBYRIDER.COM 3907 14TH ST W BRADENTON FL 34205-6003										()
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IMAINES WKEUKEK SEKVIUE LIU IHAINES & SON WKEUKEK SEKVIUE IMICHAEL ESTRADA IS80-725-4191 IHAIWRE@CABLEONENET 17673 W BROADWAY AVE IFI K CITY I OK 173644-4957 I										3
HALL'S TOWING SERVICE, INC. HALL'S TOWING SERVICE, INC. BRANDEE BRIDGES 601-939-3932 BRANDEE@HALLSTOWING.COM 1161 WEEMS ST PEARL MS 39208-6263										

company_name	dba_name	contact_user	phone	email_address	phys_address	phys_city	phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
HARPER'S TOWING SERVICE, INC.	HARPER'S TOWING SERVICE, INC.	STEVE HARPER	512-443-1000	HARPERSTOWING@AUSTIN.RR.COM	201 RALPH ABLANEDO DR	AUSTIN	TX	78748-5524	7
HC TOWING INC	MCCARCO & HARRIS COUNTY WRIT	JOHN MCCULLOUGH	713-222-2277	HCWTOWING@AOL.COM	10326 W MONTGOMERY RD	HOUSTON	-		7
HEREFORD DIESEL EQUIPMENT	HD WRECKER	NIKKI RAINS	806-381-1800	JND2026@YAHOO.COM	6116 CANYON DR	AMARILLO		79109-6746	7
HERITAGE REALTY & AUCTION CO INC	HERITAGE AUTO SALES	KIMBERLY BATTLES	205-661-0600	INFO@HERITAGESALES.COM	6877 GADSDEN HWY	TRUSSVILLE		35173-3503	3
HERRERA'S TOWING	HERRERA'S TOWING	KATIE HERRERA	409-769-2202	NICOLE@HERRERASTOWING.COM	20585 IH 10	VIDOR		77662-2555	7
HLK AUTO GROUP INC	MEADOR DODGE CHRYSLER JEEP RAM	LINDA PUENTE	817-535-0535x9839	LPUENTE@MEADORAUTO.COM	9501 S SOUTH FWY	FORT WORTH		76140-4923	3
HOME MOTORS, INC.	HOME MOTORS, INC.	TOBY L TAYLOR	325-653-1793	TOBYLTAYLOR@YAHOO.COM	3828 CHRISTOVAL RD	SAN ANGELO		76904-9615	7
HOMETOWN TOWING, INC.	HOMETOWN TOWING, INC.	BILLY E HEWETT	850-265-1562	MRO006@AOL.COM	517 AIRPORT RD	PANAMA CITY	_	32405-4026	7
HOUSTON CENTRAL AUTO STORAGE,INC,, INC,	HIGHWAY 3 STORAGE, INC.	HAITHAM BAQDOUNES	713-306-1749	EAGLEHAI@YAHOO.COM	8000 GALVESTON RD	HOUSTON	+	77034-3002	7
HUB CITY FORD, INC.	HUB CITY FORD, INC.	DION R. STAKLEY	850-682-2721x1314	dstakley@ehubcity.com	4060 S FERDON BLVD	CRESTVIEW	_	32536-5219	3
HUB CITY SERVICE CENTER INC	HUB CITY TOWING	LORI SHEFFIELD	251-471-9661	HUBCITYTOWING1@GMAIL.COM	5113 HALLS MILL RD	MOBILE	+	36693-5639	7
HUNTER TOWING & RECOVERY, INC.	HUNTER'S TOWING & RECOVERY	SHANE HUNTER	940-665-6182	SHANE@HUNTERS.CC	502 W HIGHWAY 82	GAINESVILLE	_	76240-2518	7
IMPERIAL TOWING INC	IMPERIAL TOWING INC	AMADO LOSADA	813-900-6024	JONATHANJ813@YAHOO.COM	7502 ROBINDALE RD	TAMPA		33619-4732	2
IMPOUNDS R US LLC	IMPOUNDS R US LLC	PAMELA HINTZ	813-484-5487	SWEETRT061180@AOL.COM	5127B N 47TH ST	TAMPA	+	33610-4716	3
INDIAN RIVER MARINE TOWING & SERVICE INC							_		3
	FT. PIERCE TOW BOAT	LARRY BLANCHETT	772-528-0686	FPTOW@HOTMAIL.COM	2046 TREASURE COAST PLZ # 210	VERO BEACH		32960-0927	7
INDY TOWING SERVICE, INC	PRO TOW	PATRICIA SCHMIDT	317-240-2840	INDYCKING@AOL.COM	3350 SUTHERLAND AVE	INDIANAPOLIS	_	46218-1905	/
INNOVATIVE FUNDING SERVICES, L.L.C.	INNOVATIVE FUNDING SERVICES, L.L.C.	JOSE EDMUNDO SOSA	512-388-2557	JSOSA@IFS4U.COM	1706 E NEW HOPE DR STE A	LEANDER	_	78614	3
INSURANCE AUTO AUCTIONS, INC INS	IAAI	JOHN SAGALE	317-927-5731	JOHN.SAGALE@IAAI.COM	7835 WOODLAND DR STE 200	INDIANAPOLIS	IN	46278-2719	3 YES
INSURANCE AUTO AUCTIONS, INC INS	IAAI	JOHN SAGALE	317-927-5731	JOHN.SAGALE@IAAI.COM	7835 WOODLAND DR STE 200	INDIANAPOLIS		46278-2719	6 YES
INSURANCE AUTO AUCTIONS - INDIANA	INSURANCE AUTO AUCTIONS	ANGIE GUADA	317-249-4552	aguada@iaai.com	7835 WOODLAND DR STE 200	INDIANAPOLIS	_	46278-2716	6 YES
IRONPLANET INC.	IRONPLANET INC.	SCHERRI SCOTT-HENDRICKS	925-225-8622	SHENDRICKS@IRONPLANET.COM	3825 HOPYARD RD	PLEASANTON		94588-8528	3
JACK ROLLINS	J.D.'S WRECKER SERVICE	JIMMIE ROLLINS	325-823-3633	JDWRECKER@HOTMAIL.COM	3200 COUNTY ROAD 195	ANSON	TX	79501-2248	7
JAIMES TOWING & RECOVERY, INC	JAIMES TOWING & RECOVERY, INC	BRANDY STEPHENSON	239-673-7238	JAIMESTOWING@YAHOO.COM	160 HUNTER BLVD STE A2	CAPE CORAL	FL	33909-2846	7
JAMES M SCOTT	S & S TOWING	JOANN N. ARELLANO	512-446-2722	S.SGLASSTOW15@YAHOO.COM	462 N US HIGHWAY 77	ROCKDALE	TX	76567-4262	7
J AND B HICKS, INC.	US59 ENTERPRISES	DUSTIN DIETERT	281-227-1550	DUSTIN@EASTEXCOLLISION.COM	11360 EASTEX FWY	HOUSTON	TX	77093-2133	7
JASON STEWARD ENTERPRISES, INC	JASON STEWARD ENTERPRISES, INC	JASON STEWARD	251-342-8538	JSTEWARD@SALETHISVEHICLE.COM	900 WESTERN AMERICA CIR STE 202	MOBILE	AL	36609-4102	7
J & A TOWING AND RECOVERY	J & A TOWING AND RECOVERY	JUAN SERRANO	254-781-2037	JATOWING1@GMAIL.COM	707 HAYNES DR	KILLEEN	TX	76543-4924	7
J D B TOWING, LLC	BEARD'S TOWING	CHLOE BORDEN	817-478-2001	JDBTOWING@GMAIL.COM	4450 E LOOP 820 S	FORT WORTH	TX	76119-4465	7
JEFF'S AUTO REBUILDERS TOWING & RECOVERY, LLC	JEFF'S AUTO REBUILDERS TOWING AND RECOVERY	JUDY LAMBERT	830-569-2017	JUDY_JEFFSAR@ATT.NET	600 MARTINEZ	PLEASANTON	TX	78064-4202	7
JENNIFER R. BROWN	SPECIALIZED AUTO SERVICES	JENNIFER BROWN	512-943-2778	SPECIALIZEDAUTOSERVICES@GMAIL.COM	2703 E HIGHWAY 29	GEORGETOWN	TX	78626-7338	7
JIMMIES WRECKER SERVICE	JIMMIES WRECKER SERVICE	KAREN LYNN LIENKE	904-765-2261	KLIENKE@YAHOO.COM	9032 NEW KINGS RD	JACKSONVILLE	FL	32219-2627	7
J J BEST & CO.	J J BEST & CO.	FERNANDO PINTO	508-991-8000	FRED@JJBEST.COM	60 N WATER ST	NEW BEDFORD	MA	02740-6336	3
ון'S TOWING	JJ'S TOWING	RENEE MARTINEZ	830-620-6727	NA.0982@GMAIL.COM	5684 IH 35 S	NEW BRAUNFELS	TX	78132-4945	7
J & J TOWING & RECOVERY, INC.	J & J TOWING & RECOVERY, INC.	THOMAS DAN ABBEY	850-43 <mark>4</mark> -3925	DANABBEY@JJTIRE.NET	1101 N PACE BLVD	PENSACOLA	FL	32505-6807	7
JLJ AUTO RECOVERY TEXAS, INC.	JLJ AUTO RECOVERY TEXAS, INC.	DUSTIN SHELTON	903-425-2300	JLIAUTORECOVERYTX@GMAIL.COM	311 US 175 W.	EUSTACE	TX	75124-9605	3
JLJ AUTO RECOVERY TEXAS, INC.	JLJ AUTO RECOVERY TEXAS, INC.	DUSTIN SHELTON	903-425-2300	JLJAUTORECOVERYTX@GMAIL.COM	311 US 175 W.	EUSTACE	TX	75124-9605	7
JOHNCO	JOHNCO	ZOE PERKINS	325-392-9492	MOMMAZOE@AOL.COM	910 AVE E	OZONA	TX	76943-0666	7
JOHN KEITH ISAACS	ISAACS SERVICES LLC	DEBRA YOUKEY	903-592-8697	isaacsservicesllc@gmail.com	13452 FM 206	TYLER		75709-5107	7
JOHNNY'S WRECKER SERVICE - TEXAS	JOHNNY'S WRECKER SERVICE	RANDALL WELLS	210-945-7766	JOHNNYSWS@YAHOO.COM	315 PAT BOOKER RD	UNIVERSAL CTY		78148-4429	7
JOHNSONS WRECKER SERVICE, INC.	JOHNSONS WRECKER SERVICE, INC.	Jacqueline Johnson	407-293-2540	jwsinc500@aol.com	580 WILMER AVE	ORLANDO		32808-7642	7
JOHN'S TOWING AND TRANSPORTATION	CHRISTIE AUTO SALES INC	KEVIN BANGOS	727-944-3470	KBANG62@HOTMAIL.COM	1523 ALTERNATE HWY 19 STE A	HOLIDAY		34691-5233	7
JORDAN TOWING INC	JORDAN TOWING INC	ERICA JORDAN	972-380-6300	INTL4700@AOL.COM	601 DIGITAL DR	PLANO		75075-7829	7
JR MCDANIEL, INC	JACK'S TOWING & RECOVERY	SARA MCDANIEL	325-513-9964	D FINEFITSARA@YAHOO.COM	1302 MCGEE DR	ABILENE		79602-7914	7
JUDSON MOTORS LTD	UNIVERSAL TOYOTA	DANIELLE VENSON	210-654-1515	JENNIFERMUNOZ@REDMAC.NET	12102 N IH 35	SAN ANTONIO	_	78233-4212	3
JWD AUTOMOTIVE, INC	NAPA AUTO CARE OF CAPE CORAL	JAMES WESLEY DALE, II	239-542-3254	NAPAAUTOCARE@COMCAST.NET	1119 CAPE CORAL PKWY E	CAPE CORAL		33904-9162	7
KAUFFS OF PALM BEACH, INC.	KAUFFS OF PALM BEACH INC.	Lesley Puza	561-844-5283	LPUZA@KAUFFSTOWING.COM	4701 EAST AVE	WEST PALM BCH	E1	33407-2405	7
·		CHUN LING (SHARON) TAGERT			2602 PASS RD	BILOXI	L NAC		2
KEESLER FEDERAL CREDIT UNION	KEESLER FEDERAL CREDIT UNION	· ·	228-385-5500x7370	SHARON.TAGERT@KFCU.ORG			_	39531-2728	3
KETTERLE & SONS INC.	KETTERLE & SONS INC.	JOHN A KETTERLE JR	407-851-3953	KETTERLESTOWINGR@BELLSOUTH.NET	340 FAIRLANE AVE	ORLANDO		32809-4167	'
KINGS TOWING LLC	KINGS TOWING LLC	DOMINIQUE LAFROSCIA	702-755-3234	DLAFROSCIA@GMAIL.COM	4701 E CHEYENNE AVE	LAS VEGAS	NV	89115-3415	1

company_name	dba_name	contact_user	phone	email_address	phys_address	phys_city	phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
K & J TOWING,INC	K & J TOWING,INC	JACALYN HARDY	432-448-7946	KJTOWING2016@GMAIL.COM	405 MAIN ST	BALMORHEA	TX	79718-	7
KNOTTS WRECKER SERVICE	KNOTTS WRECKER SERVICE	CHRISTY MCCRAINE	334-297-8069	KKNOTTS17@GMAIL.COM	2002 OPELIKA RD	PHENIX CITY	AL	36867-3642	7
KOETTING WRECKER & REPAIR	KOETTING WRECKER & REPAIR	NEIL PATRICK KOETTING	806-654-5000	NEILKOETTING@GMAIL.COM	3891 US HIGHWAY 287	LELIA LAKE	TX	79240-1934	7
KOSTKA AUTO STORAGE	KOSTKA AUTO LLC	DOROTHY BATTON	281-426-5160x0	KOSTKAAUTOPAINTANDBODY@GMAIL.COM	613 N MAIN ST	HIGHLANDS		77562-2709	7
KYLE'S TOWING INC.	BROWNWOOD	REGINA S. JAMES	325-641-0190	BWDTOWING@YAHOO.COM	3203 STEPHEN F AUSTIN DR	BROWNWOOD	TX	76801-	7
KYMCO INC	ELITE TOWING AND RECOVERY	KYMBERLEY SCHMOYER	512-238-8082	kschmoyer@ymail.com	2905 HOWARD LN	AUSTIN	TX	78728-7178	7
LA INSPECTION CENTER INC.	ABELS TOWING	LURENE RODRIGUEZ	210-648-2004	LURENERODRIGUEZ@YAHOO.COM	3131 SE LOOP 410	SAN ANTONIO	TX	78222-3100	7
LAKE JACKSON TOWING	LAKE JACKSON TOWING	JASON D CHESTER	850-562-3138	JASON.CHESTER.LJT@GMAIL.COM	5505 TOWER RD	TALLAHASSEE	_	32303-7970	7
LARRY KELLER'S TOWING, LLC	LARRY KELLER'S TOWING, LLC	BEVERLY SNEIDER	772-486-0880	BEVERLYPOWER82@GMAIL.COM	1217 SE FEDERAL HWY	STUART	FL	34994-3824	7
LARSEN'S TOWING & STORAGE	LARSEN'S TOWING	JACLYN DEMASI	813-876-4612	JDEMASI3232@GMAIL.COM	4103 W ALVA ST	TAMPA	FL	33614-7036	7
LCLTJ, INC.	LW'S TOWING	CYNTHIA HAYNIE	972-625-8500	CINDY.HAYNIE@AOL.COM	15020 KING RD	FRISCO	TX	75034-8727	7
LDRV HOLDINGS CORP	LAZYDAYS	ANDY GLOGOWER	813-246-4999x4254	AGLOGOWER@LAZYDAYS.COM	6130 LAZY DAYS BLVD	SEFFNER	FL	33584-2968	3
LEANDER TOWING	LEANDER TOWING	JUSTIN TOWNSLEY	512-663-6833	LEANDERTOWINGLLC@GMAIL.COM	350 N. BAGDAD	LEANDER		78641	7
LECROY AUTO SALES	LECROY AUTO SALES	KENNY LECROY	423-645-7402	KENNYLECROY@YAHOO.COM	800 MCFARLAND AVE	ROSSVILLE	_	30741-1907	1 3
LEFTGATE PROPERTY HOLDING INC	TEXAS DIRECT AUTO	VERNISE FREENY	281-886-3584	VERNISE.FREENY@VROOM.COM	12053 SOUTHWEST FWY	STAFFORD	_	77477-2305	3
LENDBUZZ FUNDING LLC	LENDBUZZ FUNDING LLC	QIANRU HUANG	857-999-0250	GRACE.HUANG@LENDBUZZ.COM	100 SUMMER ST STE 1002	BOSTON	_	02110-2106	3
LENDINGCLUB CORPORATION	LENDINGCLUB	RAY PERLAS	415-926-6771	RPERLAS@LENDINGCLUB.COM	71 STEVENSON ST	SAN FRANCISCO	_	94105-2934	3 YES
LIL JACKIE'S WRECKER	ANGELA TERRY	ANGELA TERRY	601-264-9556	LILIACKIESWRECKER@YAHOO.COM	1919 HILL ST	HATTIESBURG		39402-3219	7
LOBEL FINANCIAL	LOBEL FINANCIAL CORPORATION	GLORIA FALCON	714-816-1255	GFALCON@LOBELFINANCIAL.COM	1150 N MAGNOLIA AVE	ANAHEIM	_	92801-2605	7
LONE STAR WRECKER SERVICE, LLC	LONE STAR WRECKER SERVICE, LLC	ERIC J CANTU		ECANTU@LONESTARWRECKERCC.COM	4908 UP RIVER RD	CORP CHRISTI		78407-1724	7
		EDWARD ERIC LUCHINI	361-980-9999				_		1 7
LUCHINI ENTERPRISES INC.	LUCHINI'S TOWING & RECOVERY		575-524-2201	LUCHINIS@ZIANET.COM	3621 W PICACHO AVE	LAS CRUCES	_	88007-4726	1
MAJOR WORLD CHEVROLET, LLC	MAJOR WORLD	ROBERT F COTTRELL	718-937-3700x4523	BOBC@MAJORWORLD.COM	4340 NORTHERN BLVD	LONG IS CITY		11101-1020	3
MANCHESTER MARKETING, INC.	SEIBERT'S TOWING	RONDA LAWSON	804-233-5757x209	RLAWSON@SEIBERTCOS.COM	642 W SOUTHSIDE PLAZA ST	RICHMOND	_	23224-1721	/
MARIANNA FINANCIAL SERVICES, INC.	MARIANNA FINANCIAL SERVICES	LISA ROWELL	850-482-8300	MARIANNAFIN@EARTHLINK.NET	4404A LAFAYETTE ST	MARIANNA		32446-3309	3
MART-CAUDLE CORP	WALNUT HILL WRECKER	MELISSA DEIKE	972-620-2161	MDEIKE@UNITEDROADTOWING.COM	11239 GOODNIGHT LN	DALLAS		75229-3320	7
MARTIN SERVICES, INC	MARTIN SERVICES, INC	HEATHER TREMBACK	972-485-4458	HTREMBACK@BIGBASSTOWING.COM	5161 BOYD BLVD	ROWLETT	TX	75088-3934	7
MATCHETT BAYSIDE TOWING, LLC	MATCHETT BAYSIDE TOWING, LLC	NINA PALMER	850-934-8756	BAYSIDENINA@GMAIL.COM	4316 GULF BREEZE PKWY	GULF BREEZE	_	32563-9149	
MATTHEW DUE	BIG D WRECKER	MATTHEW OZZIE DUE	830-305-3865	KARDRAGER.MD@GMAIL.COM	2140 HUBER RD	SEGUIN		78155-0102	
MBS TOWING INC	MCCONNELLS WRECKER SERVICE	AARON R MCCONNELL	405-732-7004	AMCCONNELLS@YAHOO.COM	1350 N AIR DEPOT BLVD	MIDWEST CITY	_	73110-3330	+
MCADAMS TOWING	MCADAMS TOWING	TARA A GARDNER	251-206-0049	MCADAMSTOWING@GMAIL.COM	19891 COUNTY ROAD 10 LOT C	FOLEY	_	36535-4070	
MCCOMBS HFC	RED MCCOMBS FORD	ANDY DILLON	210-349-4949	ADILLON@REDMAC.NET	8333 W IH 10	SAN ANTONIO	_	78230-3860	3
MEDALLION BANK	MEDALLION BANK	ROBERT (BOB) PORTER	801-284-7065	RPORTER@MEDALLIONBANK.COM	1100 E 6600 S STE 510	SALT LAKE CTY	_	84121-7422	3
MERCEDES-BENZ FINANCIAL SERVICES USA LLC	MERCEDES-BENZ FINANCIAL SERVICES USA LLC	MISTY SANFORD	800-207-6888	misty.allen@daimler.com	13650 HERITAGE PKWY	FT WORTH	_	76177-5323	3
METROPOLITAN TOWING OF CHATTANOOGA	CHATTANOOGA METRO WRECKER SERVICE	BILLY JAMES HAWKINS JR	423-622-3070	CHATTANOOGAMETROTOW@YAHOO.COM	2609 BELLE ARBOR AVE	CHATTANOOGA		37406-3718	7
MEYER TOWING	MEYER TOWING-BRAZOSPORT	DANNA WALLACE	979-233-2346	MEYERTOWING@LIVE.COM	1721 N AVENUE U	FREEPORT	_	77541-3747	7
MICHAEL ANDREWS & ASSOCIATES LLC	MICHAEL ANDREWS & ASSOCIATES LLC	GLENN DEUMAN	800-420-3657x1291	GDEUMAN@MICHAELANDREWSLLC.COM	26261 EVERGREEN RD STE 350	SOUTHFIELD	MI	48076-4447	3
MID ATLANTIC FINANCE COMPANY	MID ATLANTIC FINANCE COMPANY	TONI SERHAN	800-793-9661x219	TONIS@MIDFINANCE.COM	4592 ULMERTON RD STE 200	CLEARWATER	FL	33762-4107	3
MIDNIGHT RECOVERY INC	MIDNIGHT TOWING	LINDSAY HOOKER	812-246-3030	MIDNIGHTRECOVERYINC@YAHOO.COM	1235A BRINGHAM DR	SELLERSBURG	IN	47172-2028	7
MIKE DAYANI INC.	S & S SERVICE CENTER	MICHAEL DAYANI	727-848-6188	MICHAEL20886@YAHOO.COM	3532 GRAND BLVD	NEW PRT RCHY	FL	34652-6407	7
MILLIGAN'S TOWING	MILLIGAN'S TOWING	GRAHAM MARSHALL CARPENTER	512-461-2981	gcarpenter78@yahoo.com	12224 ROXIE DR	AUSTIN	TX	78729-7153	7
MISSION TOWING	MISSION TOWING	DAVID ESCALERA	956-585-8245	MISSIONTOWING@AOL.COM	1515 WEST 3 MILE RD	MISSION	TX	78573-6758	7
MONARCH LLC	SAFARI TOWING	JASON P WARD	972-548-9400	JWARD@MONARCHDIST.COM	2353 E UNIVERSITY DR	MCKINNEY	TX	75069-0902	7 YES
MOODY'S GARAGE, INC	MOODY'S WRECKER SERVICE	AUDREY BLACK	404-766-2633	MOODYS_WRECKER@COMCAST.NET	3845 CONLEY ST	COLLEGE PARK	GA	30337-3624	7
MOORE MOTORS LLC	MOORE MOTORS LLC	MAXINE DUNKLIN	334-718-3365	MAXDUNKLIN@GMAIL.COM	6616 OPORTO MADRID BLVD S STE B	BIRMINGHAM	AL	35206-5428	3
MO'S TOWING, LLC	MO'S TOWING, LLC	KAREN ANDERSON-PARKER	251-964-0752	KARENHSKP@GMAIL.COM	16227 ZENITH DR	LOXLEY	AL	36551-7431	7
MOTORSPORTS TOWING	MOTORSPORTS TOWING	DELANEY GRAY	940-243-2900	RAINKAT35@HOTMAIL.COM	5002 MILLS RD	DENTON	TX	76208-4122	7
MY TOWING SERVICES	MY TOWING	JACKELINE OLIVO SILVA	772-873-0751	MYTOWINGCO@GMAIL.COM	1786 SW BILTMORE ST	PORT ST LUCIE	FL	34984-3418	7
NATASHA PAYMENT	TRI-CITY TOWING	NATASHA PAYMENT	512-800-3018	NATASHA_PAYMENT@YAHOO.COM	16921 CAMERON RD	PFLUGERVILLE		78660-8911	7
NATIONAL AUTO SERVICE CENTER	NATIONAL AUTO SERVICE CENTER	ROSALIND VAZQUEZ	813-963-0680	naccadm@verizon.net	4108 W CAYUGA ST	TAMPA		33614-7069	7

company_name	dba_name	contact_user	phone	email_address	phys_address	phys_city	phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
NEESE TOWING INC	NEESE TOWING INC	DONNA NEESE	770-928-4671	DONNANEESE@BELLSOUTH.NET	741 NEESE RD	WOODSTOCK	GA	30188-	7
NEVADA TOWING INC	NEVADA TOWING INC	CARRIE E BAILEY	775-747-1818	NEVADATOWING@SBCGLOBAL.NET	71A WEBB CIR	RENO	_	89506-9169	7
NEW GENERATION TOWING AND RECOVERY, LLC.	NEW GENERATION TOWING AND RECOVERY, LLC.	HECTOR MANUEL CABRERA MARRERO	321-442-3772	NEWGENERATIONTOWING@GMAIL.COM	1507 BRYAN ST	KISSIMMEE		34741-5517	7
NMAC	NMAC	Teresa Ortega	800-777-7092x4268	ortegat@nmac.com	8900 FREEPORT PKWY	IRVING	_	75063-2409	3
NORTHLAND CREDIT CORPORATION	NORTHLAND CREDIT CORPORATION	TERRI OLSON	952-979-1580x111	TOLSON@NORTHLANDCREDIT.COM	5400 OPPORTUNITY CT STE 150	MINNETONKA	_	55343-7396	3
NU-WAY TOWING	NU-WAY TOWING	GREYSIS VERA	305-572-0111	NUWAYTOWING2343@GMAIL.COM	2343 NW 7TH AVE	MIAMI		33127-4203	7
OC'S TOWING AND RECOVERY I LLC	OC'S TOWING AND RECOVERY I LLC	TERESA O'CONNOR	850-682-5130	OCSTOWING@YAHOO.COM	436 E JAMES LEE BLVD	CRESTVIEW	_	32539-2802	7
OFF LEASE ONLY INC.	OFF LEASE ONLY INC.	ANGELA BUCKLEY	561-222-2277x3407	ANGELAB@OFFLEASEONLY.COM	1200 S CONGRESS AVE	PALM SPRINGS		33406-5117	3
OPENROAD LENDING LLC	OPENROAD LENDING LLC	JEFFREY SCOTT AUSTIN	972-215-0562	JEFF@OPENROADLENDING.COM	5555 N BEACH ST STE 4100	FORT WORTH	_	76137-2743	3
OUACHITA ENTERPRISES, INC	BEXAR AUTO STORAGE	MONICA WILLIAMS	210-590-6200	MONICA@BEXARTOWING.NET	11926 RAIL DR	SAN ANTONIO	_	78233-6029	7
PAGE THREE ENTERPRISES	ALL COUNTY TOWING	ROSANNE CASALE	954-564-0486	TWOBCMOM@AOL.COM	520 NW 7TH ST	FT LAUDERDALE	_	33311-7334	7
PATELCO CREDIT UNION	PATELCO CREDIT UNION	RICHARD RANTZ	800-358-8228x7144	RRANTZ@PATELCO.ORG	5050 HOPYARD RD	PLEASANTON	_	94588-3353	2
									7
PAUL'S TOWING & DISPATCH	PAUL'S TOWING & DISPATCH OF CENTRAL FLORIDA, INC.	RENEE LANZA	407-321-7442	RLANZA77@GMAIL.COM	1919 W 1ST ST	SANFORD	_	32771-1648	1
PEDDLE, LLC	PEDDLE, LLC	SOPHIA SOTCHEFF	877-620-9552	SOPHIA@PEDDLE.COM	111 W 6TH ST STE 300	AUSTIN		78701-2168	3
PEN AIR FEDERAL CREDIT UNION	PEN AIR FEDERAL CREDIT UNION	CAROLYN A DISALVO	850-505-3200x8432	DISACA@PENAIR.ORG	1495 E NINE MILE RD	PENSACOLA	_	32514-5723	3
PERITUS PORTFOLIO SERVICES LLC	PERITUS PORTFOLIO SERVICES LLC	GARY PERDUE	866-831-5954x4000	GPERDUE@PERITUSSERVICES.COM	433 LAS COLINAS BLVD E STE 475	IRVING	+	75039-6276	3
PERMIAN MOVERS, INC.	NEAL POOL REKERS	KJ POOL-GANNON	432-337-5229	KJPOOL@NPRTOWS.COM	1117 S GRANT AVE	ODESSA	_	79761-6613	7
PETE'S TOWING AND RECOVERY	PETE'S TOWING AND RECOVERY	PETE DIMILTA, JR.	727-461-1066	CB239@YAHOO.COM	1910 CALUMET ST	CLEARWATER	_	33765-1115	7
PNP SOLUTIONS LLC 2ND LOCATION	PNP CYCLES	POOYAN FARAJI	713-933-7447	SALES@PNPCYCLES.COM	8928 SPRING BRANCH DR STE A3	HOUSTON		77080-7441	3
POKEY PULLING TOWING & RECOVERY, LLC	POKEY PULLIN' TOWING & RECOVERY	DYLAN SINGLETON	405-614-9612	POKEYPULLIN.STILLWATER@YAHOO.COM	520 S STALLARD ST	STILLWATER	OK	74074-3963	7
PORTALLIANCE FCU	PORTALLIANCE FCU	RHONDA LANKFORD	757-461-1796	RLANKFORD@PORTALLIANCEFCU.COM	5670 RABY RD	NORFOLK	VA	23502-2411	3
PORT ARTHUR AUTO MOTIVE	PORT ARTHUR AUTO MOTIVE	NELVA L FRANK	409-982-4219	NLJ1967@YAHOO.COM	3148 25TH ST	PORT ARTHUR	TX	77642-5218	3
PREMIER AUTO FINANCE OF SOUTH FLORIDA	PREMIER AUTO FINANCE OF SOUTH FLORIDA	RACHAEL MAITLEN	954-797-9660	RACHAEL@PAFOFSFL.COM	261 S STATE ROAD 7	MARGATE	FL	33068-5727	3
PRESSLEY BODY SHOP & TOWING LLC	PRESSLEY BODY SHOP & TOWING LLC	TROY FOSTER	256-832-0020	DAMYANKY@CABLEONE.NET	1509 US HIGHWAY 78 W	OXFORD	AL	36203-4017	7
PRIORITY 1 TOWING & TRANSPORT OF ORLANDO	PRIORITY 1 TOWING & TRANSPORT OF ORLANDO LLC	ANDY WARREN	407-641-5690	PRIORITY1TOWING@GMAIL.COM	8808 FLORIDA ROCK RD STE 301	ORLANDO	FL	32824-7853	7
PROCAR TOWING & REPAIR, INC	PROCAR TOWING & REPAIR, INC	BRANDI WATTS	352-748-1777	procartowing@yahoo.com	3372 NE 37TH PL	WILDWOOD	FL	34785-	7
PROFESSIONAL TOWERS, INC.	L&A WRECKER SERVICE #1 AND #2	LINDA WILKERSON	405-321-1500	LINDA@LAWRECKER.COM	1315D 24TH AVE SW	NORMAN	OK	73072-	7
PROGRESSIVE CASUALTY INS CO	PROGRESSIVE CASUALTY INS CO	ANDRES F ROMERO CADENA	813-371-3919	ANDRE F ROMERO CADENA@PROGRESSIVE.COM	600 N WEST SHORE BLVD STE 500	TAMPA	FL	33609-1110	6
PROGRESSIVE INSURANCE CO - CVT	PROGRESSIVE INSURANCE CO - CVT	MICHAEL BERETTA	813-512-3176	MBERETT1@PROGRESSIVE.COM	3302 S FALKENBURG RD	RIVERVIEW	_	33578-0510	6
PROGRESSIVE INSURANCE CO - DAYTONA	PROGRESSIVE INSURANCE CO	KRISTENE ETLING	386-682-6376	Ketling1@progressive.com	1530 CORNERSTONE BLVD. STE. 130	DAYTONA BEACH	_	32117-5116	6 YES
PROGRESSIVE INSURANCE CO - JAX CLAIMS	PROGRESSIVE INSURANCE COMPANY	ROBBIN L. NEWMAN	904-423-4435	ROBBIN L NEWMAN@PROGRESSIVE.COM	7406 FULLERTON ST STE 300	JACKSONVILLE	_	32256-3550	6
PROGRESSIVE INSURANCE CO - LAKELAND	PROGRESSIVE	MARTHA A. FLYNN	863-868-1265	MFLYNN1@PROGRESSIVE.COM	1479 TOWN CENTER DR STE 201	LAKELAND	_	33803-7972	6
PROGRESSIVE INSURANCE CO - LAUDERDALE LAKES	PROGRESSIVE INSURANCE CO	LEXIA GREEN	954-233-9026	LEXIA GREEN@PROGRESSIVE.COM	3250 W COMMERCIAL BLVD STE 200	FT LAUDERDALE	_	33309-3459	6
PROGRESSIVE INSURANCE CO - MAITLAND	PROGRESSIVE INSURANCE CO - LAKE MARY	MARK O'BRIEN	407-541-3979	MOBRIEN2@PROGRESSIVE.COM	901 NORTH LAKE DESTINY RD STE 200	MAITLAND	_	32751-4806	6
PROGRESSIVE INSURANCE CO - MAYFIELD	PROGRESSIVE INSURANCE CO - MAYFIELD	ANTHONY JOSEPH IVANCIC	440-910-4223	AIVANCI1@PROGRESSIVE.COM	5920 LANDERBROOK DR	MAYFIELD HTS	_	44124-6506	6
PROGRESSIVE INSURANCE CO - MIAMI	PROGRESSIVE INSURANCE CO.	JOHN SANTELLA	954-233-9078	JOHN SANTELLA@PROGRESSIVE.COM	9725 NW 117TH AVE STE 400	MEDLEY		33178-1213	6
PROGRESSIVE INSURANCE CO - ORLANDO	PROGRESSIVE INSURANCE CO.	JENNIFER WAINWRIGHT	407-949-3643	JENNIFER E WAINWRIGHT@PROGRESSIVE.COM	901 NORTH LAKE DESTINY RD STE 200	MAITLAND	_	32751-4806	6
PROGRESSIVE INSURANCE CO - PALMETTO BAY	PROGRESSIVE INSURANCE CO.	IVELISSES OLIVE	305-506-2556	IVY OLIVE@PROGRESSIVE.COM	17901 OLD CUTLER RD STE 300 BLDG B	PALMETTO BAY	_	33157-6420	6
		MARIA RAMOS		_				33409-6703	6
PROGRESSIVE INSURANCE CO - S FL CASUALTY	PROGRESSIVE INS CO		561-402-8050	MARIA_A_RAMOS@PROGRESSIVE.COM	1641 WORTHINGTON RD STE 200	WEST PALM BCH	_	+	6
PROGRESSIVE INSURANCE CO - TAMPA	PROGRESSIVE INSURANCE CO - TAMPA	MARIA L BANNETT	813-371-3861	MBANNET1@PROGRESSIVE.COM	600 N WEST SHORE BLVD STE 500	TAMPA	_	33609-1110	6 450
PROGRESSIVE INSURANCE CO - TAMPA CASUALTY	PROGRESSIVE INSURANCE CO.	MARIBEL VARGAS	813-371-3902	MVARGAS2@PROGRESSIVE.COM	600 N WEST SHORE BLVD STE 500	TAMPA	_	33609-1110	6 YES
PROGRESSIVE INSURANCE CO - TNC	PROGRESSIVE INSURANCE CO	TONYA THORNE	440-910-7878	TTHORNE1@PROGRESSIVE.COM	747 ALPHA DR	HIGHLAND HTS		44143-2124	6
PROGRESSIVE INSURANCE CO - WEST PALM BEACH	PROGRESSIVE INS CO	ARLENE ANDREWS	561-469-5010	ARLENE_ANDREWS@PROGRESSIVE.COM	5133 TYLERLAKES BLVD	RIVIERA BEACH	_	33407-7001	6
PROGRESSIVE INSURANCE CO - WPB - SPEC LINES	PROGRESSIVE CASUALTY INSURANCE	CHERYL TRAYLOR	561-469-5037	CHERYL_A_TRAYLOR@PROGRESSIVE.COM	1641 WORTHINGTON RD STE 200	WEST PALM BCH	_	33409-6703	6
PROGRESSIVE SELECT INSURANCE CO	PROGRESSIVE INSURANCE CO	VALERIE HAMES	863-868-1291	VHAMES@PROGRESSIVE.COM	1479 TOWN CENTER DR	LAKELAND	_	33803-7972	6
PRS VEHICLE STORAGE FACILITY	PARK RIGHT SOLUTIONS OF AUSTIN LLC	ALFREDO F XIMENEZ III (FREDDY)	512-582-3000	DISPATCH@PARKRIGHTSOLUTIONS.COM	4413 NIXON LN	AUSTIN	_	78725-7906	3
PRS VEHICLE STORAGE FACILITY	PARK RIGHT SOLUTIONS OF AUSTIN LLC	ALFREDO F XIMENEZ III (FREDDY)	512-582-3000	DISPATCH@PARKRIGHTSOLUTIONS.COM	4413 NIXON LN	AUSTIN		78725-7906	7
PUBLIX EMPLOYEES FEDERAL CREDIT UNION	PUBLIX EMPLOYEES FEDERAL CREDIT UNION	ASHLEY RICE	863-683-6404	ASHLEY.RICE@PEFCU.COM	3005 NEW TAMPA HWY	LAKELAND	FL	33815-3468	3
QUANTUM TOWING	QUANTUM TOWING	JOHN RODRIGUEZ	512-295-8697	JOHN WORKS@YAHOO.COM	100 RODRIGUEZ ST	BUDA	TX	78610-3511	7

company_name	dba_name	contact_user	phone	email_address	phys_address	phys_city	phys state	phys_zip	Info Atto
RALPH'S BODY SHOP	RAFAEL H SALAS	RAFAEL H SALAS	830-775-1141	RALPH1141@YAHOO.COM	1107 DR FERMIN CALDERON BLVD	DEL RIO		78840-7480	7
RANDY'S WRECKER SERVICE	RANDY'S WRECKER SERVICE	MASON LUXTON	512-365-3616	LUXTONLL@YAHOO.COM	811B W 2ND ST	TAYLOR	-	76574-	7
RAPID LIENS INC.	RAPID LIENS INC.	ANTHONY TESORIERO	516-796-4193	RAPIDLIENS@GMAIL.COM	104 HILLSBORO AVE	ELMONT		11003-1724	3
RAPID RECOVERY OF TX. LLC	JUSTIN WEBER	JUSTIN WEBER	254-624-4438x254	JWEBER2242@SBCGLOBAL.NET	212 E LOOP 121	BELTON		76513-4564	7
RATEGENIUS, INC.	RATEGENIUS, INC.	CHRIS CAIN	512-302-6496	CCAIN@RATEGENIUS.COM	9300 UNITED DR STE 180	AUSTIN		78758-7702	3 YES
RATEGENIUS, INC.	RATEGENIUS, INC.	CHRIS CAIN	512-302-6496	CCAIN@RATEGENIUS.COM	9300 UNITED DR STE 180	AUSTIN	_	78758-7702	6
RATHELS TOWING AND RECOVERY	RATHEL TOWING & RECOVERY	TEREZA TOOLE	229-416-4146	RATHELSAUTO@YAHOO.COM	917 COLQUITT HWY	BAINBRIDGE		39817-6703	7
RAY'S TOWING AND GARAGE CO. INC.	RAY'S TOWING	CHELSIE KEMP	541-342-3344	CHELSIE@RAYSTOWING.COM	1000 W 1ST AVE	EUGENE		97402-4906	7
RBEX , INC	APPLE TOWING CO	SYLVIA VILLARREAL	361-323-0080	SREAL@APPLETOWING.COM	911 E TRAVIS ST	FALFURRIAS	_	78355-3631	7
R & D TOWING AND RECOVERY	R & D TOWING AND RECOVERY	RICKY DEAN SMITH	936-499-7917	RDRECOVERYGAMEOVER11@GMAIL.COM	15444 FM 3083 RD	CONROE	_	77302-5126	7
RECOVERY SYSTEMS INC	PRO TOW WRECKER SERVICE	MIKE POWELL	972-219-7090	MPOWELL@PROTOWUSA.COM	1006 E MAIN ST	LEWISVILLE	+	75057-4139	7
RED RIVER WRECKER SERVICE	RED RIVER WRECKER SERVICE	REBECCA AKIN	870-896-2218	REDRIVERTOWING@GMAIL.COM	5479 HWY 67 W	FULTON	_	71838-	7
REEVES IMPORT MOTORCARS, INC.	REEVES IMPORT MOTORCARS, INC.	Kathy Diluzio	813-933-2811	kdiluzio@drivereeves.com	11333 N FLORIDA AVE	TAMPA		33612-5665	3
REGIONAL ACCEPTANCE CORPORATION	REGIONAL ACCEPTANCE CORPORATION	STEVEN L SMITH	866-819-5377x5071	SLSMITH@REGACC.COM	1420 E FIRE TOWER RD	GREENVILLE	_	27858-4139	3
REGULATED TOWING, INC.	REGULATED TOWING, INC.	MICHAEL FASANO	305-253-6900	regulatedtowing@gmail.com	13605 SW 149TH AVE UNIT 8	MIAMI	_	33196-5057	7
REYNOLDS TOWING SERVICE INC.	REYNOLDS TOWING	SCOTT A. FRIEDLEIN	217-337-0913	PMATTINGLY@REYNOLDSTOWINGINC.COM	1417 W KENYON RD	URBANA	_	61801-1000	7
RICHARD E. JOHNSON	AUTOS UNLIMITED	RHONDA JOHNSON	254-883-2619	RIOH0001@AOL.COM	728 LIVE OAK ST	MARLIN	_	76661-2476	7
RICKY'S TOWING OF AMARILLO, LLC	RICKY'S TOWING OF AMARILLO, LLC	KATRINA KINCAID	806-371-7588	KATRINA CANTUTOWING@YAHOO.COM	3710 TRADEWIND ST	AMARILLO		79118-8833	7
RIDEOUT SERVICE CENTER	TRI-STATE TOWING & RECOVER	JULIE GAVIN	812-476-4004	TRISTATETOWINGJULIE@GMAIL.COM	1501 N EVANS AVE	EVANSVILLE		47711-4739	7
RLLCS, LLC	ECTOR COUNTY VSF	RON E WENGER	432-381-0209	TOW324@HOTMAIL.COM	12102WCR100	ODESSA	-	79765	7
RMBL MISSOURI	RUMBLEON	NICOLE WEST	888-572-6022	NICOLE@RUMBLEON.COM	2100 E OUTER RD	SCOTT CITY		63780-7114	3
R & M WRECKER SERVICE	R & M WRECKER SERVICE	RAY E MILLS	512-755-3415	REMWRECKER@GMAIL.COM	1243 COUNTY ROAD 100	BURNET	_	78611-3510	7
ROADSIDE RESCUE	ROADSIDE RESCUE	CURTIS VAHL	775-830-1990	CRTSVHL@AOL.COM	5601 ECHO AVE STE C	RENO	_	89506-3212	7
ROBERTS HEAVY DUTY TOWING INC	BLUEGRASS TOWING	AMY CURTIS	859-233-9711	acurtis@rhdtowing.com	2285 MAGGARD DR	LEXINGTON	+	40511-2513	7
ROCHA'S TOWING SERVICE	ROCHA'S TOWING SERVICE	JAIME ROCHA	512-280-2642		5700 BURLESON RD	AUSTIN	_	78744-1321	7
ROGERS TOWING & RECOVERY SERVICE, INC.	ROGERS TOWING SERVICE ROGERS TOWING & RECOVERY SERVICE, INC.	TRACY A SARMENTO	386-437-3039	jr@rochastowing.com ROGERSTOWINGINC@AOL.COM	800 SOUTH STATE STREET	BUNNELL	_	32110-1094	7
RON'S TOWING, INC.	DENNY'S TOWING	AMANDA MELLO	817-461-2338	AMANDA.MICHELLE.MELLO@GMAIL.COM	616 HOUSTON ST	ARLINGTON	_	76011-7431	7
RPT SALES & LEASING LLC	RPT SALES & LEASING LLC	FRANCESCO O CALABRESE JR	407-851-8755	karafa@rptsales.com	7502 S ORANGE BLOSSOM TRL	ORLANDO		32809-6989	
R & S AUTO & TRUCK REPAIR INC	R & S AUTO & TRUCK REPAIR INC	CANDY RAYNOR	910-285-6884	CANDY@RANDSAUTOANDTRUCK.COM	12027 US HIGHWAY 117 N		_	28466-8925	7
					4000 E VETERANS MEMORIAL BLVD	WALLACE			7
SALADO TOWING	LEON'S WRECKER & RECOVERY	LORI LONG-HOWARD	254-953-6300	leonswrecker@gmail.com		KILLEEN	_	76543-4513 32503-7846	17
SAM'S PENSACOLA AUTO CENTER, INC.	SAM'S AUTO CENTER	MARCIA MULLEN	850-478-0762	SAMAUTO@BELLSOUTH.NET SANDYSAUTOSALES2@GMAIL.COM	420 AIRPORT BLVD	PENSACOLA	_	-	1
SANDY'S AUTO SALES, LLC SAUCEDOS WRECKER SERVICE	SANDY'S AUTO SALES, LLC SAUCEDOS WRECKER SERVICE	JESSE SAUCEDO	772-410-7221 512-392-4949	SAUCEDOWRECKER@YAHOO.COM	1101 N US HIGHWAY 1 211 W GROVE ST	FORT PIERCE SAN MARCOS	-	34950-9128 78666-6258	7
SCE FEDERAL CREDIT UNION		CARRIE INGRAM	800-866-6474x2202			IRWINDALE	_	+	1
SEBRITE CORPORATION	SCE FEDERAL CREDIT UNION SEBRITE FINANCIAL	BRIDGET SMITH	800-767-8881	Carriel@scefcu.org BRIDGET@SEBRITE.COM	12701 SCHABARUM AVE 4074 MOUNT ROYAL BLVD STE 202	ALLISON PARK		91706-6807 15101-2995	3
SENOR TOWING LLC	SENOR TOWING LLC	LEAH DEL FIERRO	806-282-6472	SENORTOWING@HOTMAIL.COM	200 S HAYDEN ST	AMARILLO		79106-8420	7
									1 7
SHANER ENTERPRISES, INC.	RIVERS EDGE TOWING	JASON SHANER	541-386-6944	ITOWFORYOU@CHARTER.NET	1100 TUCKER RD 1253 ROEBUCK CT	HOOD RIVER		97031-9698	1 7
SHEEHAN TOWING, INC.	SHEEHAN TOWING, INC.	Crystal Sheehan	561-659-0758	sheehanstowing@yahoo.com		WEST PALM BCH		33401-6925	1 7
SHELTON'S TOWING & RECOVERY LLC	SHELTON'S TOWING & RECOVERY LLC	CLAIRE SHELTON	618-351-8697	SHELTONSTOWING@YAHOO.COM	401 W INDUSTRIAL PARK RD	CARBONDALE	_	62901-5507	1
SIERRA AUTO FINANCE, LLC	SIERRA AUTO FINANCE, LLC	THOMAS MCGUIRE	469-206-4977	TOM.MCGUIRE@SIERRAAUTOFINANCE.COM	5005 LBJ FWY STE 700	DALLAS	-	75244-6145	3
SIGNATURE TOWING, INC.	SIGNATURE TOWING, INC.	MELISSA DEIKE	972-423-4010x1212	MDEIKE@UNITEDROADTOWING.COM	1204 MUNICIPAL AVE	PLANO		75074-6910	/
SIX B CORP	CHARLIE'S TOWING	ROY K BYRD JR	772-564-7020	HOOKNTOW@BELLSOUTH.NET	556 1ST ST	VERO BEACH		32962-3624	1
S & J STORAGE	S & J STORAGE	IRENE LALLA	281-973-8260	SANDJSTORAGE@AOL.COM	412 WILSON RD	HUMBLE		77338-4914	1 -
SKY TOWING AND RECOVERY	SKY TOWING AND RECOVERY	KATHI DUBBERLY	904-695-0202	KDUBBERLY@SKYTOWINGLLC.COM	475 TRESCA RD	JACKSONVILLE		32225-6566	1 /
SMITTYS AUTO INC	SMITTYS AUTO INC	GREGORY SMITH	352-628-9118	SMITTYSAUTO10@YAHOO.COM	4631 W CARDINAL ST	HOMOSASSA		34446-3212	1 /
SMT PARKING SOLUTIONS LLC	SPACE MAKERS TOWING	DANA MAUPPIN	512-961-3076	DANA@SPACEMAKERSTOWING.COM	5701 W SLAUGHTER LN # A130-454	AUSTIN		78749-6527	/
SNDL LLC	BULLET TOWING	RICHARD POPE	512-797-7750	BULLETTOWING@GMAIL.COM	4402 NIXON LANE	AUSTIN		78725-1100	7
SOUTHEAST FINANCIAL	SOUTHEAST FINANCIAL	HEATHER FINCH	866-900-8949x106	HEATHER@SEFINANCIAL.COM	131 BELLE FOREST CIR STE 210	NASHVILLE	TN	37221-2112	1 7 1

company_name	dba_name	contact_user	phone	email_address	phys_address	phys_city	phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
SOUTHERN AUTO FINANCE CO	SOUTHERN AUTO FINANCE CO	NICOLE LYNCH	954-497-1000	NLYNCH@GOSAFCO.COM	6700 N ANDREWS AVE STE 500	FT LAUDERDALE	FL	33309-2204	3
SOUTHERN WRECKER & RECOVERY LLC	SOUTHERN WRECKER & RECOVERY LLC	WARREN FRETTERD	904-378-8000	warren@southernwrecker.com	6831 W. BEAVER STREET	JACKSONVILLE	FL	32254-1674	7
SOUTHSIDE WRECKER INC	SOUTHSIDE WRECKER INC	NANCY RONSHAUSEN	512-441-7094x312	NANCY@SOUTHSIDEWRECKER.COM	8200 S CONGRESS AVE	AUSTIN	_	78745-7306	7
SOUTH TEXAS TOWING	SOUTH TEXAS TOWING	CARL SCHUMANN	830-426-2046	SOUTHTEXASTOWING@YAHOO.COM	5035 US HIGHWAY 90 E	HONDO		78861-6228	3
SOUTHWEST AUTO TOWING LLC	SOUTHWEST AUTO TOWING LLC	LAVONNE GALLEGOS	505-632-6635	SWATNM@YAHOO.COM	4420 BLOOMFIELD HIGHWAY	FARMINGTON		87401-1550	7
SOUTHWEST TOWING LLC.	SOUTHWEST TOWING	ESTHER GARCIA	512-392-4442	SWTOWING BASE@YAHOO.COM	211B W GROVE ST	SAN MARCOS		78666-6258	7
SPECIALIZED TOWING	SPECIALIZED TOWING	John Herrera	305-442-9696	johnherrera@bellsouth.net	7100 SW 43RD ST	MIAMI		33155-4608	7
SPRINGBOARDAUTO.COM, INC.	SPRINGBOARDAUTO.COM	TASHINA HARDWICK	844-548-2447	TASHINA@SPRINGBOARDAUTO.COM	46 DISCOVERY #200	IRVINE	_	92618-4665	3
STANCE AUTOWORKS	STANCE AUTOWORKS LLC	MEGAN DEVOY	281-893-9010	stanceautobody@yahoo.com	11815 MISTY VALLEY DR	HOUSTON	_	77066-2715	7
STATE FARM INSURANCE - P&C CLAIMS	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	MARIA JOYCE	309-763-7042	MARIA.JOYCE.LBUK@STATEFARM.COM	1 STATE FARM PLZ	BLOOMINGTON	11	61710-0001	6 YES
STEALTH RECOVERY AND TOWING	STEALTH RECOVERY AND TOWING	RICHARD CLINK	541-688-0330	RICHARD@STEALTHRECOVERYANDTOWING.COM	29850 KELSO ST	EUGENE	OR	97402-9694	7
STEPPS TOWING SERVICE	STEPPS TOWING SERVICE	STEPHANIE STEPP	813-621-8651	STEPH@STEPPSTOWING.COM	9602 E US HIGHWAY 92	TAMPA	_	33610-5928	7
STERNS AUTO SERVICE AND TIRE CENTER, INC.	STERN & BRUNS GARAGE	DOROTHY BRUNS	941-474-2905	DODY@SBGTIRES.COM	1590 S MCCALL RD	ENGLEWOOD		34223-4899	7
STEVE R GARCIA	S & V AUTOMOTIVE	VICTORIA S GARCIA	505-873-3020	SRVGARCIA@AOL.COM	4909 WILLIAMS ST SE	ALBUQUERQUE	_	87105-0846	2
STEVE WHITES MOBIL SERVICE, INC	STEVE WHITES TEXACO SERVICE, INC.	Steve White	941-722-4367	STEVEWHITESAUTO4367@GMAIL.COM	824 8TH AVE W	PALMETTO		34221-4710	7
STORAGE LOT (THE)	STORAGE LOT (THE)	A J BRZYMIALKIEWICZ	832-347-6178	THESTORAGELOT@ROCKETMAIL.COM	18901 MAIN ST	CONROE	_	77385-	7
							_		7
STRAW-K SUNRISE SPORT CARS INC	A-AARLINGTON ABANDONED VEHICLE SUNRISE SPORT CARS INC	HEATHER POWERS SCOTT T STRINGHAM	817-461-7855 954-520-5801	HEATHER@A-AARLINGTON.COM EMSTOWING@AOL.COM	714 E DIVISION ST 1650 W SUNRISE BLVD	ARLINGTON FT LAUDERDALE	TX FL	76011-7216 33311-6960	7
	CADILLAC OF BENTONVILLE	JAMIE THOMPSON	479-689-4018	JTHOMPSON@SUPERIORNWA.COM	2300 SE MOBERLY LN	BENTONVILLE	-	72712-4352	7
SUPERIOR, INC							AR		3
SUPERIOR TOWING, INC.	SUPERIOR TOWING, INC.	VICKY HOWARD	815-463-8888	VICKY@SUPERIORTOWINGCHICAGOLAND.COM	206 FORD DR	NEW LENOX	IL C	60451-2626	7
SUPERIOR TOWING, LLC	SUPERIOR TOWING, LLC	Cathy Weber	352-373-7374	cofsunshine@yahoo.com	1300 S MAIN ST	GAINESVILLE	_	32601-7921	7
SURE STORAGE LLC	SURE STORAGE LLC	TROY RICHEY	858-877-8119	IFS@BLACKBULLTOWING.COM	5401 WILBARGER ST	FORT WORTH	_	76119-4237	/
SURETY BOND GIRLS, LLC	SURETY BOND GIRLS LLC	TRACI DAWN O'SULLIVAN	678-694-1967	TRACI@SURETYBONDGIRLS.COM	10800 JONES BRIDGE RD STE D2	JOHNS CREEK	_	30022-7010	6
SYSTEMS & SERVICES TECHNOLOGIES INC	SYSTEMS & SERVICES TECHNOLOGIES INC	VIOLET BARNES	800-392-8308	violet.barnes@alorica.com	4315 PICKETT RD	SAINT JOSEPH	_	64503-1600	3
TARGET RECOVERY TOWING INC	TARGET R/T	ROBERT GRIFFIN JR	813-221-6800	TOWTHIS21@GMAIL.COM	3745 N FLORIDA AVE	TAMPA		33603-4933	7
TAVO'S AUTOMOTIVE	TAVO'S AUTOMOTIVE	GUSTAVO JIMENEZ	830-374-2369	GJIII@TAVOSGROUP.COM	802 VETERANS AVE	CRYSTAL CITY		78839-3903	7
TD AUTO FINANCE LLC		SHAVIRE WILLIAMS	866-254-9236	SHAVIRE.WILLIAMS@TD.COM	200 CAROLINA POINT PKWY FL 3	GREENVILLE	_	29607-5766	3
TEGSCO, LLC	SAN FRANCISCO AUTORETURN	JOHN EDWARD PENDLETON	415-575-2350	JPENDLETON@AUTORETURN.COM	221 MAIN STREET - SUITE 1280	SAN FRANCISCO	+	94105	7
TEMPLE TOWING, INC.	TEMPLE TOWING, INC.	MARVIN BENJAMIN WINKLER, JR.	254-771-1303	JR@TEMPLETOWING.COM	3815 SHALLOW FORD WEST RD	TEMPLE		76502-4110	7
TESLA MOTORS, INC FL	TESLA MOTORS, INC.	MONICA BENDER	754-816-3069	MBENDER@TESLAMOTORS.COM	1949 TIGERTAIL BLVD	DANIA BEACH		33004-2109	3
TESLA MOTORS INC - IL	REMARKETING	THERESA M KOLODZIEJ	630-743-5599	TKOLODZIEJ@TESLA.COM	50 W OGDEN AVE	WESTMONT	_	60559-1345	3 YES
THOMPSON ENTERPRISES OF JACKSONVILLE, LLC	THOMPSON ENTERPRISES OF JACKSONVILLE LLC	CARLA URFF	904-725-1100	CARLAURFF@GMAIL.COM	7600 BAILEY BODY RD	JACKSONVILLE	_	32216-9258	7
TIC TAC TOWING LLC	TIC TAC TOWING LLC	SHERMAN M GEORGE	830-889-1052	TICTACTOWINGLLC@GMAIL.COM	51 ROYAL OAKS LOOP	FREDERICKSBRG	_	78624-6637	7
T.I.P. TOW, LLC.	T.I.P. TOW, LLC.	JOHN LAIRD HAMONS III	512-863-7300	TIPTOW08@YAHOO.COM	40107 INDUSTRIAL PARK CIR	GEORGETOWN	_	78626-4702	7
TITAN TOWING	MARK KENNETT	AMY KENNETT	423-339-5755	TITANTOWINGTN@GMAIL.COM	2410 GUTHRIE AVE NW	CLEVELAND		37311-	7
TOMMY'S TOWING	TOMMY'S TOWING	MICHELLE QUINLEY	321-610-0534	SHELL4815@YAHOO.COM	3640 DIXIE HWY NE	PALM BAY	FL	32905-2734	7
TOM'S TOWING SERVICE	TOM'S TOWING SERVICE	ARMIRA LUJAN	575-623-7265	TOMSTOWINGSERV@YAHOO.COM	1023 S ATKINSON AVE	ROSWELL	NM	88203-7156	7
TORRES TOWING & RECOVERY, INC.	TORRES TOWING & RECOVERY, INC.	MARITZA DIAZ	305-688-5919	A_TOWING@BELLSOUTH.NET	8248 NW 22ND AVE	MIAMI	FL	33147-4806	7
TOW911 LLC	GEORGE & SONS TOWING & RECOVERY	DANIEL MARTIN	239-353-1300	GEORGEANDSONSTOWING@AOL.COM	4774 EXCHANGE AVE	NAPLES	FL	34104-4746	7
TOW INC.	CROW TOWING	MATTHEW STILES	903-561-2769	STILESMK@YAHOO.COM	2929 CROW RD	TYLER	TX	75703-3386	7
TOW KING OF WACO	TOW KING OF WACO	SANTIAGO GARCIA	254-666-5484	TOWKINGWACOTX@YAHOO.COM	7271 BAGBY AVE	WACO	TX	76712-6958	7
TRADERS INSURANCE COMPANY	TRADERS INSURANCE COMPANY	CHRIS DRYDEN	816-333-5030	CDRYDEN@TRADERSAUTO.COM	9300 TROOST AVE	KANSAS CITY	МО	64131-3008	6
TRAILER SOLUTIONS- FL, LLC	COLLECTOR CAR LENDING	ANDREW B ACKERMAN	800-224-8180	ANDYA@NATDA.ORG	3306 SW 26TH AVE STE 301	OCALA	FL	34471-7854	3
TRANSPORTATION CORPORATION	USED CAR CLUB	LOY PARSONS	818-254-8150	LOY.WEBUYCARS@GMAIL.COM	7833 SEPULVEDA BLVD STE D	VAN NUYS	CA	91405-6434	3
TRETO'S TOWING	TRETO'S TOWING	VICTORIA TRETO	325-392-9111	VTRETO22@LIVE.COM	901 11TH STREET	OZONA	TX	76943-	7
TRI-COUNTY AUTOMOTIVE & TOWING	TRI-COUNTY TOWING & RECOVERY	JAMIE PIERCE	772-465-5404	tri_auto@bellsouth.net	3345 OKEECHOBEE RD	FORT PIERCE	FL	34947-4551	7
TRI COUNTY TOWING INC	TRI COUNTY TOWING INC	WENDY L. WALLACE	407-339-4400	WENDY@TRICOUNTYTOW.COM	1050 BUNNELL RD	ALTAMONTE SPG	FL	32714-3871	7
TRI COUNTY TOWING & RECOVERY, LLC	TRI COUNTY TOWING & RECOVERY, LLC	DAVID ESTRADA	580-606-7769	TRICOUNTYTOWING@YAHOO.COM	501 W MAIN ST	DUNCAN		73533-7031	7
TRINITY TOWING	TRINITY TOWING	ALEX GARCIA	210-960-1901	ALEX@TRINITYTOWING.COM	9911 INTERSTATE HIGHWAY 35 S	SAN ANTONIO	_	78211-	7

company_name	dba_name	contact_user	phone	email address	phys_address	phys_city	phys state	phys_zip	Provided Info to Attorney DPPA or P.I.
TROY'S WRECKER SERVICE INC	TROY'S WRECKER SERVICE INC	TROY BROWN	502-955-5955	TROY@TROYSWRECKERSERVICE.COM	870 OLD PRESTON HWY N	LOUISVILLE		40229-3437	7
TRUCKMAX, INC - MIAMI	TRUCKMAX	ROBERT J DOLLAR	305-777-9000x7227	BDOLLAR@TRUCKMAX.COM	6000 NW 77TH CT	MIAMI	_	33166-3511	3
TWO STEPPIN TOWING	TWO STEPPIN TOWING	PATRICIA A SNIDER	940-321-3214	PATSNIDER@CHARTER.NET	716 E HUNDLEY DR	LAKE DALLAS	TX	75065-	7
ULTIMATE MOTORSPORT INC	ULTIMATE MOTORSPORT INC	UMER F HASEEB	281-919-9632	OMAR@ULTIMATEMS.COM	10311 ALTONBURY LN	HOUSTON	TX	77031-2805	3
ULTIMATE TOUCH ENTERPRISE INC	ULTIMATE TOUCH COLLISION	LAZARO PIZANO	813-932-4198	ULTIMATECOLLISION@YAHOO.COM	1415 E BUSCH BLVD	TAMPA	FL	33612-8128	7
UNITED ROAD TOWING - NV	QUALITY TOWING	SEAN R GOODLAND	702-649-6808	SGOODLA@UNITEDROADTOWING.COM	2024 LOSEE RD	N LAS VEGAS			7
UNITED ROAD TOWING - TX	UNITED ROAD TOWING	DANIEL POLO	210-431-8200x101	DPOLO@UNITEDROADTOWING.COM	3625 GROWDON RD	SAN ANTONIO		78227-4207	7
UNIVERSAL BODY COMPANY	UNIVERSAL BODY COMPANY	Patricia Davis	904-355-3636	UNIVBODY@YAHOO.COM	1136 E 9TH ST	JACKSONVILLE	FL	32206-4008	7
UNIVERSAL TOWING INC	UNIVERSAL TOWING INC.	Laurie Campagnuolo	386-255-0203	LAURIECOMPI@GMAIL.COM	542 LPGA BLVD	HOLLY HILL	FL	32117-2627	7
UNLIMITED CARS & TRUCKS INC	UNLIMITED CARS & TRUCKS INC	ELIZABETH MARIE MASSEY	863-602-0477	THEB4U@AOL.COM	201 COUNTY LINE RD	PLANT CITY	FL	33566-7301	3
VEGAS HEAVY HAUL	BIG VALLEY TOWING	Debbie Collins	702-233-2869	info@bigvalleytowing.net	2132 N COMMERCE ST	N LAS VEGAS	NV	89030-4120	7
VENICE AUTO N PARTS SHOP INC	VENICE AUTO N PARTS SHOP INC	DAVID KIFYUK	941-882-4123	VENICEAUTONPARTS@GMAIL.COM	180 RICH ST UNIT A	VENICE	FL	34292-3107	3
VENICE WRECKER SERVICE, INC.	VENICE WRECKER SERVICE, INC.	Robin George	941-488-6555	iamspo363@aol.com	502 CHURCH ST	NOKOMIS	FL	34275-2710	7
VESTAVIA TIRE EXPRESS, INC.	VESTAVIA TIRE EXPRESS, INC.	ELIZABETH ANNE WEIL	205-823-1213	ANNE@WEILWRECKER.COM	1456 MONTGOMERY HWY	VESTAVIA HLS	AL	35216-3607	7
VILLAFRANCA'S TOWING	VILLAFRANCA'S TOWING	NORMA VILLAFRANCA	512-360-5000	VILLAFRANCASTOWING@YAHOO.COM	723 HIGHWAY 71 W	SMITHVILLE	TX	78957-5751	7
VYSTAR CREDIT UNION	VYSTAR CREDIT UNION	ANDREW SHANE MELLON	904-777-6000x2423	MELLONA@VYSTARCU.ORG	4949 BLANDING BLVD	JACKSONVILLE	FL	32210-7330	3 YES
WALTON COUNTY RECOVERY LLC	WALTON COUNTY RECOVERY LLC	JAMES ODOM	850-835-3385	JAMES@WALTONCOUNTYRECOVERY.COM	635 OLD JOLLY BAY RD	FREEPORT	FL	32439-4127	7
WALT'S WRECKER SERVICE, LLC	WALT'S WRECKER SERVICE, LLC	TAMMY GAINES	904-389-6644	WALTBRYAN@HOTMAIL.COM	503 ELLIS RD N	JACKSONVILLE	FL	32254-2842	7
WARD'S TOWING, LTD.	WARD'S TOWING, LTD.	DON WARD	254-773-7486	DON@WARDSTOWING.COM	4852 STATE HIGHWAY 53	TEMPLE	TX	76501-7523	7
WEB AUTO BROKERS INC	WEB AUTO BROKERS INC	EDUARDO PEREZ	239-464-8673	WEBAUTOBROKERS@GMAIL.COM	2650 FOWLER ST	FORT MYERS	FL	33901-5234	3
WEBB'S TOWING & RECOVERY SERVICES LLC	WEBB'S TOWING & RECOVERY SERVICES LLC	CHRIS R VON LEUE	863-687-0304	RECEIVABLES@WEBBS.COM	3025 E MAIN ST	LAKELAND	FL	33801-9410	7
WEIL WRECKER SERVICE, INC.	WEIL WRECKER SERVICE, INC.	ELIZABETH ANNE WEIL	205-251-4060	ANNE@WEILWRECKER.COM	3400 2ND AVE S	BIRMINGHAM	AL	35222-1706	7
WELCH BROS TRUCK & TRAILER	WELCH BROS TRUCK & TRAILER	MICHAEL D WELCH	800-830-2395	WELCH83@MSN.COM	6435 HIGHWAY 279	BROWNWOOD	TX	76801-0037	7
WELLS FARGO AUTO FINANCE - FULFILLMENT DEPT.	WELLS FARGO AUTO FINANCE	ALLISON WIGLEY	480-787-4758	ALLISON.J.WIGLEY@WELLSFARGO.COM	2800 S PRICE RD 3RD FLOOR BLDG D	CHANDLER	AZ	85286-7808	3
WELLS FARGO AUTO FINANCE, INC.	WELLS FARGO AUTO FINANCE, INC.	ERICA BROWN	480-787-4951	ERICA.X.BROWN@WELLSFARGO.COM	2800 S PRICE RD FL 4	CHANDLER	AZ	85286-7808	3
WELLS FARGO BANK - NEW MEXICO	WELLS FARGO BANK	MARY GRACE ANDREWS	505-835-2707	marygrace.andrews@wellsfargo.com	7412 JEFFERSON ST NE	ALBUQUERQUE	NM	87109-4336	3
WESTWAY TOWING, INC.	WESTWAY TOWING, INC.	PATRICIA M WOODWARD	954-731-1115	WESTWAYLIENS@YAHOO.COM	3681 W OAKLAND PARK BLVD	LAUD LAKES	FL	33311-1145	7
WESTWAY TOWING OF PALM BEACH	WESTWAY TOWING	LORI MARIE DANIELE	954-731-1115	WESTWAYBOCA@GMAIL.COM	3681 W OAKLAND PARK BLVD	LAUD LAKES	FL	33311-1145	7
WESTWOOD GROUP LLC	MOTOLEASE	HERSON OMAR LOPEZ	844-466-8653x171	OLOPEZ@MOTOLEASE.NET	10866 WILSHIRE BLVD STE 565	LOS ANGELES	CA	90024-4350	3
WHITT'S TOW AWAY, INC	WHITT'S TOW AWAY, INC	CARMELO A GONZALEZ	305-226-9333	cagempire@gmail.com	14220 SW 136TH ST	MIAMI	FL	33186-6716	7
WILDWOOD AUTO REPAIR AND WRECKER	WILDWOOD AUTO REPAIR AND WRECKER SERVICE, INC.	Julie Redding	352-748-1716	TOWMASTER1716@EMBARQMAIL.COM	1190 S MAIN ST	WILDWOOD	FL	34785-7402	7
WILSONS	WILSONS	TIFFANY WILSON	904-751-2323	TIFFANYWILSON207@GMAIL.COM	1882 DUNN AVE	JACKSONVILLE	FL	32218-4712	7
WINDSOR SERVICE	WINDSOR TOWING	CHARLES HOLBROOK	410-655-9008	CHUCK@WINDSORTOWING.COM	7406 WINDSOR MILL RD	BALTIMORE	MD	21244-	7
XTREME RECOVERY & TRANSPORT INC.	XTREME RECOVERY & TRANSPORT	DAVID MAYHOOD	239-949-7070	XTREMETOWANDRECOVERY@YAHOO.COM	26350 OLD 41 RD UNIT 1	BONITA SPGS	FL	34135-6658	7
YOHOS AUTOMOTIVE AND TOWING	YOHOS AUTOMOTIVE AND TOWING	DANIELLE D YOHO	727-545-3596	SSGIRL87@AOL.COM	9791 66TH ST N	PINELLAS PARK	FL	33782-3008	7
ZLJS, LLC	INDIANA'S FINEST WRECKER	COURTNEY JAYNES	317-243-6553	COURTNEYINFW@GMAIL.COM	7576 W WASHINGTON ST	INDIANAPOLIS	IN	46231-1333	7

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STORE INFORMATION

OFFICE DEPOT #982

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Vehicle/Vessel Contract Application

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Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPFA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

□ Duik venicie/vessel records (iries) – (360) 359-4001 — Current IVIPS (Batch process) – (360) 902-3673	S number, if applicable
PHINT OF TYPE COMPANY Adency name	SERVERS OF WASHINGTON	
Email MARCO A	. Russa (Area code) Teleph	hofie number (Area code) Fax number
KUISLA CLIVE.		NIA
Secondary contact name	(Area cods) Teleph	nons number Email
Contract manager name	(Area code) Telaph	one number Email
Address of business (Number and street, 15100 STONE Mailing address of business, if different (Address of P.O.B. Zul	LN. N. SHORELINE I POBOX, City, State, ZIP code) LYNNWOOD, WA 980	36
Check all that apply to you and/or your business Attorney	_	
Auction	☐ Lien service ☐ Marina ☐ Neighborhood block watch	Service bureau for another busines Provide business name:
		Service bureau for another busines Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party

Explain in detail wh	ny you need vehicle/vessel Information. Give examples. Attach additional pages if necessary.
ABILITY PRIOR TO	TO RUN LICEUSE PLATES & SUET HOME/APT OR RESI O APPROACHING DOOR FOR SERVE OF LERAL DOCS. SELE'D, STATE ISSUED, ATTORNEYS, CHIL, COCCEPTIONS, REPO
(GOVIE	SUE'D, STATE ISSUED ATTORNEYS, CHIL POLLERTIONS DO
- So II	HAVE AN I FEA IF SUBJ VEHICLE IS NEAR IS NEAR OF FOR SERVICE. ALSO TO HELP IDENTIFY POSSIBLE SUBJECTIONS + PASSIBLE SUBJECTIONS + PASSIBLE SUBJECTIONS +
WHEREAR	OUTS + POSSIBLE ALDIDING SERVE
nedisclosure and/or	selling of information
	,
n yes, who will	you provide or sell the information?
The release an recipients are e	nd redisclosure of personal information is restricted by state and federal laws. How do you ensure entitled to personal information under these laws?
How will you pro	ovide the information to recipients? Explain.
O	
Owner contact Will you contact	the vehicle/vessel owner?
	ness contact for commercial purposes is strictly prohibited. ou contact the owner and how will you contact them?
	ontact them;
Answer the following I. Do you agree	not to sell or provide the information to any third party that has not been disclosed
	application?
application?. B. Do you agree	not to use, or facilitate the use of, the information for commercial purpose, making
unsolicited bus	siness contact, or promoting the sale of any goods or services?
4-00;2 Page 2 of 4 (R/6/14)\	NA .
Marie	······································
☐ I represent	t a business outside Washington State. If your business is not required to be licensed in the state or, attach a legible copy of either
 your curr 	rent business license
	vith a signature of the owner or authorized representative indicating you are their agent. The letter r our Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
🖊 🐣 your cum	cess server. Attach legible copies of: rent business license
• registrati	rofessional licenses that you possess on for county jurisdictions
☐ I represent 1. Attach a	a non-profit organization or corporation. legible copy of one of the following:
 Your A 	urticles of Incorporation, filed with the Secretary of State
2. Submit a	ax Exempt Status from the Internal Revenue Services (501)(c)(3) documents reviewed and approved by the Department of Licensing Public Records Officer letter with a signature of the business owner or authorized representative indicating you are their
☐ I represent	a data broker/reseller – attach a legible copy of your current business license
• subscribe	eants must also include: Proster (provided on page 4) arragreements
□ I am an atto	orney.* Attach legible copies of: ent business license
 your curre 	ent bar card .
 your curre 	te investigator.* Attach legible copies of: ent Private Investigator license ent business license
your carre	
Vhenever an att	Office of private inventions
Whenever an att	orney or private investigator accesses a vehicle record in IVIPS, we will send a notification let mer. RCW 46.12.635

criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section) Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

PAGE 04/06

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

Г	Logal business serves	· [* .=		
	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible of	use
	Does the subscriber provide informati	ion to	 /	
	an attorney or private investigator?			
Г	Legal business name	Contact name	Emall	Teleuba #
			/	. Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible u	use
	Does the subscriber provide informati	ion to		
\vdash	an attorney or private investigator?	\\	□No	
	Legal buşiness name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible u	59
	Does the subscriber provide information	on to		
L	an attorney or private investigator?	□Yes □	∃No ↓	
	Legal business name	Contact name	Email	Telephone #
4	Address, City. State, ZIP code	/	Subscriber's permissible us	<u>, </u>
	Does the subscriber provide information	on to		
	an attorney or private investigator?/		No	
1	Legal business name	Contact name	Email	Tolophe + #
				Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible us	e
ĺ	Does the subscriber provide informatio	on to		
	an attorney or private investigator?	Yes 🗆	l No	,
-	Legal business name	Contact name	Email	Telephone #
ŀ	Address, City, State, ZIP code	<u> </u>		1000pilotio #
6	Address, City, State, 21P gode		Subscriber's permissible us	e
	Does the subscriber provide information			
_	an attorney or private investigator?	····· Yes 🗆	No	
Í	Legal business name	Contact name	Email	Telephone #
_	Address, City, State, ZIP code			verthung #
7	Address, Oity, albie, ZIP code		Subscriber's permiselble use	
Γ	Does the subscriber provide information			
	an attorney or private investigator?	□Ves □	No.	
			110	

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

MARCO ANTONIO RUISLA A-1 PROCESS SERVERS OF WASHINGTON/BR PO BOX 2112 LYNNWDOD WA 98036-2112

DETACH BEFORE POSTING

000936



BUSINESS LICENSE

STATE OF WASHINGTON

Sole Proprietorship

Unified Business ID #: 601 428 781

Business ID #: 1

Location: 3

MARCO ANTONIO RUISLA A-1 PROCESS SERVERS OF WASHINGTON/BROKEN VOWS LEGAL SERVICES 15100 STONE LN N SHORELINE WA 98133 6257

TAX REGISTRATION:

REGISTERED TRADE NAMES: A-1 PROCESS SERVERS OF WASHINGTON/BROKEN VOWS LEGAL SERVICES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

WASHINGTON STATE PROCESS SERVER REGISTRATION

Are you currently registered as a Process Server in the county?

Registration Number: 2012-35 SNOHOMISH COUNTY, WASHINGTON
Lam over 18 years of age and I am competent to be a witness in a count proceeding. I hereby request to be registered as a process server in Snohomish County, Washington.
Legal Name MARCO A. RUISLA
Date of Birth 8 - 11 - 70
Social Security Number
A-1 PROCESS SERVERS OF WASH.
Business Address (both street and mailing addresses) P.O.B ZIVZ LYNNWOOD, WA 98036
Gusiness Telephone 425 772-8130
I understand that I am required by law to renew this registration within one year of the initial registration or when I change my name, the name of my business, my business address or business telephone number. I further understand that if the renewal is required because of a change in my identifying information, I must renew the registration within ten days of the date the identifying information changes. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is
true and correct.
Signed at City and State) On 8 23/13 (Date)
(Signature)

10/10/2014 10:44 7027378567 AAACTIONTOWINGINC PAGE 01/05

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting ✓ IVIPS (Individual record inquiries Bulk vehicle/vessel records (Bail		Current IVIPS number	er, if applicable
PRINT or TYPE Company/Agency name AA ACTION TOWING INC			
Primary contact name JOHN R HOWELL		(Area code) Telephone numb (702) 737-9100	(Area code) Fax number (702) 737-8567
Email johnhowell@actiontowing.net		Website actiontowing.nct	
Secondary contact name CARRIE SOULES		(Area code) Telephone numb (702) 737-9100	er Email carriesoules@actiontowing.net
Contract manager name JOHN R HOWELL		(Area code) Telephone numb (702) 737-9100	er Email johnhowell@actiontowing.net
Mailing address of business, if different (Address or PC	EGAS, NV 89030		
SAME Provide one of Tax Identification Number (TIII these identifiers:	N) Federal Em	ployer kientification Number (El	N) WA Unified Business Identifier (USI)
WE PROVIDE TOWING AND ROA ABANDONED AND ILLEGALLY FUNCLAIMED ARE SOLD IN A LIE Check all that apply to you and/or your business	PARKED VEHICLES	ABLED VEHICLES. FROM PRIVATE PR	WE ALSO REMOVE OPERTY. VEHICLES THAT ARE
□ Attorney □ Auction □ Auto manufacturer or agent	☐ Lièn service ☐ Marina ☐ Neighborhood bi		Service bureau for another business Provide business name:
□ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer □ Government □ Guardianship/Trustee service □ Homeowner association	 Newspaper or m Non-profit organi Parking enforcen Private investigat Process server Property mgmt Property mgmt Repossession set Retail/Store School - Private School - Public 	edia ization nent tor Government Private ervice	Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names:
 ☐ Hospital ☐ Hulk hauler ☐ Insurance company/agent ☐ Scrap processor ☐ Security service ☐ Security service 		- Government	Other (explain)

Explain in detail why you need vehicle/vessel Information. Give examples. Attach additional pages if necessary.
TO NOTIFY OWNERS OF IMPOUNDED VEHICLES, THAT VEHICLE WILL BE SOLD IN A PUBLIC AUCTION IF NOT CLAIMED.
5 Redisclosure and/or selling of information Will you sell or provide the information
Will you sell or provide the information to anyone else?
If yes, who will you provide or sell the information?
, , , , , , , , , , , , , , , , , , ,
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
. 1944 Will you provide the information to recipients? Explain.
Owner contact
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them?
CERTIFIED MAIL VIA USPS
Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
as part of this application?
application?
3. Do you agree not to use, or facilitate the use of, the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services?

8	Check all that apply			
_	☐ I represent a government agency. Agency name:			
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?			
	 I represent a WashIngton State business. Attach legible copies of: your current business license any/all professional licenses that you possess 			
	 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN). 			
	 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions 			
 ☐ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are th agent. 				
	 ☐ I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements 			
	 ☐ I am an attorney.* Attach legible copies of: Your current business license Your current bar card 			
	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license 			
*W	/henever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635			
crin	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal ninal fines under the DPPA and RCW 46.12.640			
By s	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.			
	PRESIDENT //			
	09/2014 CLARK and place (county) signed X JOHN R HOWELL Signature			
	/ / / V			

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

10/10/2014 10:44 7027378567 AAACTIONTOWINGINC PAGE 04/05

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section) Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	T			
	Legal businesa name	Contact name	Emall	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information	-		
L	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code	Subscriber's permissible usc		
	Does the subscriber provide information	ı to	_	
	an attorney or private investigator?	□ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
				Total III
3	Address, City, State, ZIP code		Subscriber's permissible use	
_				
	Does the subscriber provide information	ı to	1	
L	an attorney or private investigator?			
	Legar dusiness name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information		_	
	an attorney or private investigator?	TVec □ No		
	Legal business name	Contact name	Email	Tolonbone #
			Lett Mail	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
_				
	Does the subscriber provide information	<u>"</u>		
_	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
-	Address, City, State, ZIP code			
6	Address, Only, State, ZIF Code		Subscriber's permissible use	
	Does the subscriber provide information to		-	
_	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
				7
7	Address, City, State, ZIP code	"" "	Subscriber's permissible use	<u>, , , , , , , , , , , , , , , , , , , </u>
ŀ	B			
	Does the subscriber provide information	to		
1	an attorney or private investigator?	⊔ Yes		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.





NEVADA STATE BUSINESS LICENSE

A. A. ACTION TOWING, INC.
Nevada Business Identification # NV19861016821

Expiration Date: September 30, 2015

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2014

ROSS MILLER Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting					
MIVIPS (Individual record inquiries) Current IVIPS number, if applicable					
☐ Bulk vehicle/vessel records (Batch process) Frequency (check one): ☐ One time ☑ Periodic ☐ Regular					
PRINT or TYPE Company/Agency name	1				
AA PROCESS SERVERS	AA INVESTIGATIONS	\wedge			
Contract contact/manager (IVIPS and Bulk records		(Bulk records accounts only)			
WILLIAM J. FARMI		ar			
(Area code) Phone number Email (required for IVI		er Email (required for Bulk records)			
	rversahotum/com				
Physical address of business (Number and street, City,		1			
8203 182 ND AVE E.	BONNEY LAKE, WA 9839				
Mailing address of business, if different (Address or PC					
4007 S. MERIDIAU CT					
Provide one of Taxpayer Identification Number	er (TIN) Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)			
these identifiers:		601314407			
Provide a detailed explanation of your primary busi		On HOS THEST TELLATINAK			
•	WING LEGAL PAPERS AND P	KIVALE INVESTIBATIONS			
LOCATING PEOPLE, SURVE	CLARCE				
, , ,					
3 Check all that apply to you and/or your business					
Attornov	☐ Lien service	☐ Service bureau for another business			
Attorney Auction	☐ Marina	Provide business name:			
	☐ Neighborhood block watch	Provide business flame.			
☐ Auto manufacturer or agent☐ Bail bonds	-	Ctorogo facility			
and the same of th	☐ Newspaper or media	Storage facility			
☐ Bank or financing firm	☐ Non-profit organization	☐ Title/Escrow			
Business	Parking enforcement	☐ Toll facility			
Commercial parking company	Private investigator	☐ Towing company			
Credit union	Process server	☐ Transporter			
☐ Data broker/Reseller	Property mgmt Government	Union (non-profit)			
 Debt recovery/Collection 	Property mgmt Private	☐ Vehicle/Vessel dealer			
☐ Employer/Prospective employer ☐ Repossession service		I represent a business that will			
☐ Government ☐ Retail/Store		provide information to another party			
☐ Guardianship/Trustee service	Provide business names:				
☐ Homeowner association	School - Public				
☐ Hospital ☐ Scrap processor or wrecker		Other (explain)			
☐ Hulk hauler	☐ Security services - Government				
☐ Insurance company/agent	☐ Security services - Private				
a.iaiioo ooiiipaiij/agoiit					

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	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	TO HERTEY RESIDENCY - IF SOMEONE DENSES THE THEY ARE
-	A DEFENDANT, WE RUN VEHICLE PLATES TO PROVE DESARBUE WHO THEY ARE
	A DEFENDANT WE KUN VEHICLE TEXTES TO TROOP TO EST-1600E
	WHO THEY ARE-OR RESIDENCY
F	Redisclosure and/or selling of information
1	Will you sell or provide the information to anyone else?
	f no, skip to Section 6.
	f yes, who will you provide or sell the information?
	, , , , , , , , , , , , , , , , , , ,
٦	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
r	ecipients are entitled to personal information under these laws?
L	dow will you provide the information to regimients? Fundain
•	dow will you provide the information to recipients? Explain.
	·
	owner contact
V	Vill you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
11	yes, why will you contact the owner and how will you contact them?
A	nswer the following
	. Do you agree not to sell or provide the information to any third party that has not been disclosed
•	as part of this application? Yes No
2	. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
3	. Do you agree not to use, or facilitate the use of, the information for the purpose of making
	unsolicited business contact, or promoting the sale of any goods or services?

☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
I represent a Washington State business. Attach legible copies of: • your current business license • your current licenses that you passes
 any/all professional licenses that you possess I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
I am a process server. Attach legible copies of: • your current business license • any/all professional licenses that you possess • registration for county jurisdictions
 ☐ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Inowingly making a false statement or concealing a material fact required in this request or making false epresentation to obtain any personal information from an individual's motor vehicle record is subject to federal riminal fines under the DPPA and RCW 46.12.640
ly signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that ne foregoing is true and correct.
WILLIAM J. FARMIN - OWNER AA PROCESS SERVE

PHYALLUP PTERCE COUNTY, WA Signature Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

X

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We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Due Date:2/23/2015



Washington State Process Server Registration

Conors of St. Office	RECEIVED
	ERCE COUNTY AUDITO Auditor's Office Use Only
	License Issued 9912 Receipt # 1613875 Data Issued 1515
Applicant Information	Date Issued 113 13
	Expiration Date 2 23 16
Legal Name William Farmin	Date of Birth $7 - 6 - 60$
Mailing Address Sum as below	
Self-Employed? Yes No	Phone Number (253) 845-4729
Business Information	A A DDOCEGG CEDATEDG
Business Name	A A PROCESS SERVERS 4227 S. MERIDIAN STE. C-516
Business Address	PUYALLUP, WA 98373
Business Phone (253) 845-9739	City State Zip
I hereby request to be registered as a process sell understand that I am required by law to renew this register I change my name, the name of my business, my I further understand that if the renewal is required becarenew the registration within ten days of the date the identity in the selection of the date the identity of the date the identity is required becarenew the registration within ten days of the date the identity is required to be a selection of the date the identity of the date the identity is to be registered as a process selection of the date the identity of the date the identi	gistration within one year of the initial registration or business address or business telephone number.
I declare under pen. Ity of perjury under the laws of the rect, and I am a resident of the State of Washington, and business in this county. (Per RCW 36.22.210 & 18.180.0	State of Washington that the foregoing is true and cor-
Signed at TUMALLUN 1/17	$\frac{1-Z-15}{Date}$
4th SE	
·Signar	ture
Amount Due: \$10 Check one box: Initial Registration	Pierce County Business Licensing
Renewal Change of nformation	2401 South 35th St, Rm 200 Tacoma, Washington 98409-7484 253-798-7445 253-798-2623 fax www.piercecountyauditor.org

Please see reverse side to complete application.

L:\Licensing\Business\Forms\

STATE OF WASHINGTON
DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS AN



UNARMED PRIVATE INVESTIGATOR **PRINCIPAL**

A A INVESTIGATIONS WILLIAM J FARMIN 4227 S MERIDIAN STE C516 PUYALLUP WA 98373

Licensee Released -

Termination Date / /

Cert/Lic No. 3356

Issued Date 03/09/2011

Expiration Date 02/28/2016

PL-630-159 (R/6/13)



BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 601 314 407 Business ID #: 1

Location: 2

Expires: 02-29-2016.

WILLIAM JEREMY FARMIN AA INVESTIGATIONS 8203 182ND AVE E BONNEY LAKE WA 98391 7139

TAX REGISTRATION PRIVATE INVESTIGATIVE AGENCY

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: FARMIN, J WILLIAM

CITY LICENSES/REGISTRATIONS: BONNEY LAKE GENERAL BUSINESS

REGISTERED TRADE NAMES: AA INVESTIGATIONS AA PROCESS SERVERS SHOSHONE BOOK COMPANY

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

,			
Method of access you are requesting	100		
✓ IVIPS (Individual record inquirie.	s) Current IVIPS n	umber, if applicable	
Bulk vehicle/vessel records (Bai	tch process) Frequ	ency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			
AAA Auto Wrecking and Sales			
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (B	luik records accounts only)
Barry Fleming			
(Area code) Phone number Email (required for IV	IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
	ng@yahoo.com		
Physical address of business (Number and street, City			
26311 78th Ave S. Kent, WA. 9803	32		
Mailing address of business, if different (Address or Po	O Box, City, State, ZIP code)		
			MAILE End Duringer Identifier / IDE
Provide one of Taxpayer Identification Numb	per (TiN) Employe	r Identification Number (EIN)	WA Unified Business identifier (UBI) 601 919 431
these identifiers: Provide a detailed explanation of your primary bus			001919431
Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		 Service bureau for another business
☐ Auction	☐ Marina		Provide business name:
☐ Auto manufacturer or agent	Neighborhood		
☐ Bail bonds	Newspaper or		Storage facility
Bank or financing firm	Non-profit org		☐ Title/Escrow
Business	Parking enforce		☐ Toll facility
Commercial parking company	☐ Private investi	_	☐ Towing company
Credit union	Process serve		Transporter
☐ Data broker/Reseller ☐ Property mgmt Government			☐ Union (non-profit) ☑ Vehicle/Vessel dealer
Debt recovery/Collection	☐ Property mgm		☐ I represent a business that will
Employer/Prospective employer	☐ Repossession ☐ Retail/Store	service	provide information to another part
Government	School - Priva	to	Provide business names:
Guardianship/Trustee service	School - Publi		r TOVIDO DUGINOSA HAMOS.
☐ Homeowner association	Scrap process		Other (explain)
☐ Hospital ☐ Hulk hauler	ces - Government		
☐ Insurance company/agent	☐ Security servi		

Ne res	ed to verify registered and legal owner information for vehicles prior to us purchasing those vehicles for each to verify registered and legal owner information for vehicles prior to us purchasing those vehicles for each as used cars or for dismantling for parts in order to prevent purchase of vehicles which may have as not noted on paperwork submitted to us. In the case of an owner who has lost the title to his vehicle, werify that he in fact is the registered and legal owner of the vehicle.
5	Redisclosure and/or selling of Information
	Will you sell or provide the information to anyone else?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
6	Owner contact
C	Will you contact the vehicle/vessel owner?
7	Answer the following
	 Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?

8	Check all that apply							
J	☐ I represent a government agency. Agency name:							
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?							
	 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess 							
	 □ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: • your current business license • a letter with a signature of the owner or authorized representative indicating you are their agent. The letter musinclude your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). 							
	 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions 							
i	 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent. 							
	 ☐ I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements 							
	 I am an attorney.* Attach legible copies of: your current business license your current bar card 							
	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license 							
te	Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635							
rej cri	owingly making a false statement or concealing a material fact required in this request or making false presentation to obtain any personal information from an individual's motor vehicle record is subject to federal minal fines under the DPPA and RCW 46.12.640 a signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that a foregoing is true and correct.							
	Manager							
	Title							
	2/2015 (King) E and place (county) signed X Barry Fleming Signature							

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



BUSINESS LICENSE

Domestic Profit Corporation

AAA AUTO WRECKING, INC. 26311 78TH AVE S KENT WA 98032

MOTOR VEHICLE WRECKER #2865

Unified Business ID #: 601 919 431

Business ID #: 1

Location: 1

Expires: 12-31-2015

Copart Buyer 7065 SAA Buyer 14532

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

AAA AUTO WRECKING, INC. 26311 78TH AVE S KENT WA 98032

DETACH BEFORE POSTING

AAA AUTO WRECKING

006231



BUSINESS LICENSE

Domestic Profit Corporation

AAA AUTO WRECKING, INC. AAA AUTO SALES 26311 78TH AVE S KENT WA 98032

TAX REGISTRATION MOTOR VEHICLE DEALER #1424 Unified Business ID #: 601 919 431 Business ID #: 1

Location: 2

Expires: 12-31-2015

Opport Buyer 8065 DAA Bruyer 14532

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION THIS CERTIFICATE IS EVIDENCE OF THE AUTHORITY AND APPOINTMENT OF

NOTARY PUBLIC APPOINTMENT

THOMAS J MASON

Alan Haight, Director, Department of Licensing

Cert/Lic No. 162129

Issued Date 10/25/2012

Expiration Date 10/19/2016

STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROTESSIONS DIVISION THIS CERTIFICATE IS EVIDENCE OF THE AUTHORITY AND APPOINTMENT OF



NOTARY PUBLIC APPOINTMENT

BARRY E FLEMING

Cert/Lic No. 46746

Issued Date 10/03/2013

Expiration Date 10/03/2017

Alan Haight, Department of Licensing

_-630-160 (FV3/13)

STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION THIS CERTIFICATE IS EVIDENCE OF THE AUTHORITY AND APPOINTMENT OF



NOTARY PUBLIC APPOINTMENT

D R PHELPS

Alan Huight, Department of Licensing

Cartelin No.

1884/36/2013

Expiration Pate



Vehicle/Vessel On-line Access **Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest) cps@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above to fill it in and save it.

Wail Vehicle Records Disclosure Unit Department of Licensing

PO Box 2957 Olympia, WA 98507

Fax (360) 570-7895

Do not use this form for personal or individual record requests. Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

							2.402.200.000			
Company/Agency name PDP GROUP INC				,	Nebsita					
Contact name. Primary applicant MORGAN FLEEGER		(Area code) Telephone number 410-584-1619			Email (required) MLFleeger@pdpgroupinc.com					
Contact name 2 (if applicable) VALERIE CORNELL		(Area code) Telephone number 410-584-1616			Email (required) VKCornell@pdpgroupinc.com					
Physical address of business (number and street) 10909 MCCORMICK RD										
City HUNT VALLEY				State MD			ZIP code 21031			
Mailing address of business (if di	fferent)									
City				State			ZIP ccda			
Provide one of Taxpayer Identification Numbers identifiers		(TIN)	Employer Identification Number (EIN)		WA Unified Business Identifier (UBI)					
Answer the following										

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

PDP Group provides title administration to financial institutions in the motor vehicle industry; title issuance, verification and validation of title data including lien holder information as required.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. No we will not contact the owner.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- · Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your
 Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Morgan Fleeger

10/05/2017 Baltimore County MD

Date and place (county) signed

Signature of bysiness or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PDP GROUP, INCORPORATED (D00501049), INCORPORATED MARCH 20, 1974, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 19, 2017.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years
 from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

П	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa an attorney or private investigator?	ation to	☐ Yes ☐ No		,
2	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
:	Does the subscriber provide informa an attorney or private investigator?	ation to .	Yes No		
3	Legal business name	Contact name		Email	(Area code) Phone number
:	Address, City, State, Zip code	,		Subscriber's permissible use	1
ir.	Does the subscriber provide information an attorney or private investigator?	ation to	☐ Yes ☐ No		
4	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa an attorney or private investigator?	ation to	☐ Yes ☐ No		
5	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code			Subscriber's permissible use	
	Does the subscriber provide informa an attorney or private investigator?	ation to	☐ Yes ☐ No		
.6 .	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code	,		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	ation to	☐ Yes ☐ No		
7	Legal business name	Contact name		Email	(Area code) Phone number
	Address, City, State, Zip code	.J		Subscriber's permissible use	
<u>.</u>	Does the subscriber provide information an attorney or private investigator?	ation to	☐ Yes ☐ No		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

ACME FINANCE COMPANY INC.

10,000 Aurora Ave N #312 Seattle, WA 98133 (206) 622-4400, (800) 622-8156, Fax (206) 729-1231

November 7, 2014

State of Washington Orpha Zollars Department of Licensing PO Box 2957 Olympia, WA 98507-2957

IVIPS Contract Account Number

Dear Orpha,

Please find the enclosed paperwork to start the process to renew our IVIPS annual renewal.

I completed section or question #2 which I previously left blank by accident.

Thanks and feel free to call if you have any questions.

Sincerely,

ACME FINANCE COMPANY INC.

Brian E Gwinn Treasurer

360-570-7895

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records. Send the complete form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting VIVIPS (Individual record inquiries) – (360) 3	FO 4004 Current IV/IDC number if and in the
Bulk vehicle/vessel records (Batch process	
PRINT or TYPE Company/Agency name	(000) 002 0070
Acme Finance Company	Inc.
Primary contact name	(Area code) Telephone number (Area code) Fax number
BRian E. Gwinn	206-622-4400 206-729-1231
acmefinance a comeast. ne	+ Website N/A
Secondary contact name	(Area code) Telephone number Email
ROBERT F. Gwinn	206-622-4400 acmefinance@comcast.net
BRIAN E. GWINN	(Area code) Telephone number Email
Physical address of business (Number and street, City, State, ZIP code	206- 622-4400 acmefirance comeast. ne
10,000 AURORA AVE N = 312	Seattle, WA 98133
Mailing address of business, if different (Address or PO Box, City, State	
Provide one of these identifiers: Tax Identification Number (TIN)	Federal Employer Identification Number (EIN) WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (ex	activ what your business does?
We are a WA STATE Lice,	ised consumer Loan company providing
auto loans for people se	actly what your business does). Is ed consumer Loan company providing cured by the CAR of OR TRUCK for
Collatera/	
3 Chock all that apply to you and/or your business	
	_
Attorney Lien	= 30. The balled in allette business
Automonufactures or agent	i i ottao badii ago italia.
	borhood block watch
	paper or media Storage facility
	profit organization
	e investigator
	=
	erty mgmt Government Union (non-profit) erty mgmt Private Vehicle/Vessel dealer
☐ Employer/Prospective employer ☐ Repo	ssession service
	/Store provide information to another party
	ol - Private Provide business names:
	ol - Public
_	processor or wrecker
	ity services - Government
	ity services - Private

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	We provide auto loans to people buying CARS of trucks at CAR dealers and need to access IVIPS to make sure the CAR dealers have put our company
	trucks at CAR dealers and need to access IVIPS
	to make sure the CAR dealers have put our company
	on as Legal owner.
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	recipients are entitled to personal information under these laws:
	How will you provide the information to recipients? Explain.
e	Owner contact .
۳	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
74	Answer the following 1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	unsolicited business contact, or promoting the sale of any goods or services?

Check all that apply	
I represent a government agency. Agency name:	<u>i</u>
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?	Yes □ No
 represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess 	
 I represent a business outside Washington State. If your business is not required to be licensed in Washington, attach a legible copy of either your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (T 	ie letter must
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions 	
 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Office 2. Submit a letter with a signature of the business owner or authorized representative indicating you a agent. 	
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements 	}
 I am an attorney.* Attach legible copies of: your current business license your current bar card 	
I am a private investigator.* Attach legible copies of: • your current Private Investigator license • your current business license	
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notif to the vehicle owner. RCW 46.12.635	Ication letter
nowingly making a false statement or concealing a material fact required in this request or making appresentation to obtain any personal information from an individual's motor vehicle record is subject in initial fines under the DPPA and RCW 46.12.640	
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Wi he foregoing is true and correct.	ashington that
TREasurer	
Title	
TREASURER Title X Deni L. Huminer Signature Title X Signature	
rederal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Vashington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93	

Tity of Seattle Customer #: 4321



State of Washington UBI #: 578065408

Tax period:

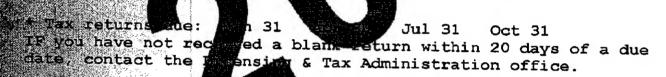
Quarterly*

Tax Reporting:

Separate

BUSINESS LICENSE .

XPIRATION DATE 2/31/2014



ACME FINANCE COMPANY INC 10000 AURORA AV N #3-12 SEATTLE, WA 98133

Not Transferable

Post Conspicuously



THE CITY OF SEATTLE

Dept. of Finance and Administrative Services 700 5th Avenue Suite 4250 P.O. BOX 34214 Seattle WA 98124-4214 (206) 684-8484 Fax (206) 684-5170 email reageseattle.gov www.seattle.gov/rca/

BUSINESS MAILING ADDRESS:

4321

000 2

Illerin Illeri

9041 / 20-27-2

Business License Expiration Date: 12/31/2014



State of Washington Business Licensing Service

Office of the Secretary of State Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 578 065 408

Business ID #: 1

Expires: 12-31-2014

ACME FINANCE COMPANY, INC. 10000 AURORA AVE N #312 SEATTLE WA 98133

Domestic Profit Corporation Renewed by Authority of Secretary of State

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or ner knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Director, Department of Revenue



STATE OF WASHINGTON DEPARTMENT OF LICENSING PO Box 2957 • Olympia, Washington 98507-2957

FEBRUARY 10, 2014

BRIAN GWINN ACME FINANCE COMPANY 10000 AURORA AVE N #312 SEATTLE WA 98133

IVIPS Contract Account Number:



Thank you for returning the signed IVIPS Contract. Enclosed is a copy of the fully executed Contract for your records.

Here's what you need to do next:

- Read and review the entire Contract with each employee listed on the User Access/Change Request you submitted.
- 2. Provide each User with their assigned sub-account number.
- 3. Go online and print the current Attachment C, Information Request Log (IRL) and provide them to each User for their individual logging of inquiries.

As a reminder, a fee of \$0.04(four cents) per inquiry will be billed to you as described in your Contract. Effective January 1, 2014, DOL must charge \$2.00 (two dollars) for every record returned. The \$2.00 (two dollars) per record fee is in addition to the existing \$0.04 (four cents) per inquiry fee \$2.04(two dollars four-cents). Read more about this change onlineathttps://fortress.wa.gov/dol/ivipsprod/FAQ.pdf.

IVIPS Contracts are issued for up to one year. Renewal reminders are not provided, so mark your calendar 30 days prior to the expiration date listed on page one (1) of your Contract. To avoid IVIPS access disruption, apply for renewal of your contract at least 30 days before it expires. Upon expiration of your contract, IVIPS access will be turned off.

If you have questions about your IVIPS account, contact us at (360) 359-4001 or vsdisclose@dol.wa.gov.

For additional Vehicle/Vessel records not available through IVIPS call the Public Disclosure Unit at (360) 359-4002 or email faxrecords@dol.wa.gov. (fees apply)

OZ IVIPS Contact

We are committed to providing equal access to our services.

If you need accommodation, please call 360-359-4001 or TTY 360-664-0116.

ATF 9-5-2013 Revised - 10-23-2013

Account No

LICENSING

This Contract is made and entered into between Department of Licensing referred to as "DOL" and the Contractor listed below. hereinafter referred to as the "Contractor for "User". By signing this Contract, Contractor acknowledges that they read and reviewed this Contract in its entirety which includes all online documents, with all employees who will have IVIPS access.

herein or incorporated b	y reference, w		ortress.wa.gov/doblivip	sprod/. Upo	ments and documents contained on execution, this Contract sets toluding Attachments and
	************************************	mbera Leora			
Purpose of contract	mentaline property and a second	1000 to		000 1 PS 12 M 12	
This Contract is to pro	vide access	to IVIPS and the permitt	ed use of records of	btained.	
Contractor mane	i siyayay				
Acme Finance Compa	my	en contact the second of	·	2000 0000 H	e to the second
Contractor's DEA and FRA	West of the second		THE TANK	**************************************	
Centractor physical address			Contractor mailing addre		
10000 Aurora Ave N	£312		Court actio, taxanid tenti.	199	
Seattle WA 98133					
Contractor contact name		Contractor contact telephone	Contractor fax	Comtracto	r e-mail address (required)
Brian Gwinn		206-622-4400	206-729-1231		@juno.com
STIPLE PARTY OF STORE	SINGIPOLICE	KII NA KARAMATANI KATIONI IN	THE STATE OF THE STATE OF		wati bilinga kata ka
Administration Vehicle/Vesset Public Dis			Division Central Operations as	nd Resource	\$
NOL costact information Susan Mitchell		entact address	DCL restart phase		DOL contact e-cmil
Orpha Zollars	POE	iox 2957 pia, WA 98507	360-359-4001 DOL contact fex 360-570-7695		vsdisclose@dol.ws.gov
smended. From Family Paragrams The following docume reference: 1. Special Terms and 2. Attachment A, Gam. 3. Attachment B, User 4. Attachment C, Infor 5. Attachment E, Data 7. Attachment F, Dest DOL reserves the right using the most current	conditions control Terms and Access/Chang mation Reque ple Notification Security Requiriction of Data to modify or uversion of documents of documents and documents of documen	t Conditions (required read e Request (to be completed st Log (to be maintained into h Letter (Contractor to use p disments (required reading to be completed and returned as re- uments.	ing and Compliance) is and returned to DOL dividually by each Use per Section 10 of Compliance) and Compliance) med to DOL upon tem squired. Contractor is a	with signed if and provideract)	are incorporated by Contract) fed to DOL upon request) Contract) to check that they are only
Continuent street ris ve the Continuent street from L. Sw.	SUITA OF THE	as signing tolow have e bird their respective par Date 2-5-79	BEER (C) TRACTER AND DOLOGO AND	i copililien	E of this Contract Pace 2-10-14
BRian E. Gwi	nn - TRe	isuppl	Hannah Fultz, Records Officer / I	Public Rec	cords Officer

REVISED 10-9-2013

IVIPS USE AND DISCLOSURE CONTRACT ATTACHMENT B USERVACCESS CHANGE REQUEST

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed.
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords, and
- c. Notify DOL in writing within three (3) business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

TYPE or PRINT Business Name Acme Finance Company Inc.			AMPC Acce	Number
Business Address 10000 Aurora Ave N #312				
City Seattle			State Wa	ZIP Code 98133
Contact Name Brian E Gwinn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		206622	ea Code) Telephone Number
Ner Access				
1.Type or print Employee Name Brian E Giving	manufactures in the control of the state of		☐ Remove	Line: Sub-Account Number
2 Type or print Employee Name Rubert F Gwinzi		Add Add	Remove	User Sub-Account Number
3.Type or print Employee Name Tolins R Gwinn		A Add	Remove	User Sub-Account Number
4.Type or print Employee Name Sharon G Serrano		DE Add	Remeve	Liser Sub-Account Number
5,Type or print Employee Name			Remove	User Sub-Account Number
6. Type or print Employee Name		DAG	Remove	User Sub-Account Number
7.Type or print Employee Name	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		☐ Removie	User Sub-Account Number
8.Type or print Employee Name			Remove	User Sub-Account Number
9.Type or print Employee Name		0.000	Remove	User Sub-Account Number
10.Type or print Employee Name	·		☐ Remove	User Sub-Account Number
11,Type or print Employee Name			☐ Rémove	User Sub-Account Number
12. Type or print Employen Name			DRemove	User Sub-Account Number
3.Type or print Employee Name				User Sub-Account Number
14.Type or prim Employee Name		-	Remove	User Sub-Account Number
15.Typa or print Employee Name			☐ Remove	User Side-Account Number
		A6d	☐ Remove	
pdate for User Names Changes (Le. i				
ype of plint. Current Employee Name	Updated Employee Name.			User Sub-Account Number
ype or print Current Employee Name	Updated Employee Name			User Sub-Account Number
ype or print. Current Employee Name	Updated Employee Name			User Sub-Account Number

NOTE: This Form may be duplicated

X Buil: Francis Effective da

X Buil: 12-5-14

ACTION COLLECTORS, INC. P.O. BOX 2365 **YAKIMA, WA 98907**

(509) 248-6910 FAX (509) 453-8786

FAX TRANSMITTAL / COVER SHEET

DATE: 04-02-15

COMPANY: Department Of Licensing

I.V.I.P.S. $-\sqrt[3]{2}$ ATTN:

FROM: Cory

OF PAGES (INCLUDING COVER SHEET): 6

Dear I.V.I.P.S., Please see attached our Application & business license. Please call my office at (509) 248-6910.

Respectfully,

Cory Huard, Manager

Fax number: 1-360-570-7895



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IViPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entitles are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting			The state of the s
☑ IVIPS (Individual record Inquirie	s) Current IVIPS n	umber, if applicable	
☐ Bulk vehicle/vessel records (Ba	·	ency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name	, , , , , , , , , , , , , , , , , , , ,	101/07	One time Enteriodic Entegrial
ACTION COLLECTORS, INC.			
Contract contact/manager (IVIPS and Bulk records	s accounts)	Signing Authority name (Bi	ulk records accounts only)
_Cory Huard			and,
	IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(509) 248-6910 coryhuard33@	msn.com		
Physical address of business (Number and street, City			
3410 W. NOB HILL BLVD #4, Ya	akima, WA 98902		
Mailing address of business, if different (Address or Po	O Box, City, State, ZIP code)		
P.O. BOX 2365, Yakima, WA 9	98907		
Provide one of Taxpayer Identification Numb	er (TIN) Employer	r Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers: Provide a detailed explanation of your primary bus			601-134-645
Check all that apply to you and/or your business Attorney Auction	☐ Lien service ☐ Marina		Service bureau for another business Provide business name:
☐ Attorney ☐ Auction ☐ Auto manufacturer or agent	☐ Marina ☐ Neighborhood		Provide business name:
☐ Attorney ☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds	☐ Marina ☐ Neighborhood ☐ Newspaper or	media	Provide business name: Storage facility
☐ Attorney ☐ Auction ☐ Auto manufacturer or agent ☐ Bail bonds ☐ Bank or financing firm	☐ Marina☐ Neighborhood☐ Newspaper or r☐ Non-profit orga	media [nization [Provide business name: Storage facility Title/Escrow
 □ Attorney □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business 	□ Marina □ Neighborhood □ Newspaper or □ Non-profit orga □ Parking enforce	media nization [ement	Provide business name: Storage facility Title/Escrow Toll facility
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company	□ Marina □ Neighborhood □ Newspaper or □ Non-profit orga □ Parking enforce □ Private Investig	media [nization [ement [ator [Provide business name: Storage facility Title/Escrow Toll facility Towing company
 □ Attorney □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union 	☐ Marina ☐ Neighborhood ☐ Newspaper or n ☐ Non-profit orga ☐ Parking enforce ☐ Private Investig ☐ Process server	media [nization [ement [ator [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller		media [nization [ement [ator [] Government [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit)
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection		media [nization [ement [eator [Government [Private [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer		media [nization [ement [eator [Government [Private [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government		media [nization [ement [eator [] Government [Private [service [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service		media [nization [ement [ator [Government [Private [service [Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association		media nization ement ator - Government - Private service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names:
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service		media nization ement ator - Government - Private service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	
lo	cating and verifying address for debt dollection purposes.	
	Redisclosure and/or selling of Information	
	Will you sell or provide the information to anyone else?	M∠] No
	If yes, who will you provide or sell the information?	
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensur	e
	recipients are entitled to personal information under these laws?	
	How will you provide the information to recipients? Explain.	
6	Owner contact	
	Will you contact the vehicle/vessel owner?	☑ No
	If yes, why will you contact the owner and how will you contact them?	
		•
72	Answer the following	
7	Do you agree not to sell or provide the information to any third party that has not been disclosed	<u> </u>
	as part of this application?	∟l No
	application?	☐ No
	unsolicited business contact, or promoting the sale of any goods or services?	□ No

Check all that apply	
🔲 i represent a government agency. Ag	
for carrying out the functions of your ag	ive will only be used in an official capacity and solely gency?
 I represent a Washington State business your current business license any/all professional licenses that you 	
 ☐ I represent a business outside Wash Washington, attach a legible copy of ei your current business license a letter with a signature of the owne 	nington State. If your business is not required to be licensed in the state of
 I am a process server. Attach legible your current business license any/all professional licenses that yo registration for county jurisdictions 	
 I represent a non-profit organization 1. Attach a legible copy of one of the formal of the formal organization Your Articles of Incorporation, file Your Tax Exempt Status from the Other documents reviewed and a 	ollowing:
 ☐ I represent a data broker/reseller – a IVIPS applicants must also include: subscriber roster (provided on page subscriber agreements ☐ I am an attorney.* Attach legible copie 	
 your current business license your current bar card 	sa ui.
 I am a private investigator.* Attach le your current Private Investigator lice your current business license 	
*Whenever an attorney or private investig to the vehicle owner. RCW 46.12.635	ator accesses a vehicle record in IVIPS, we will send a notification letter
Knowingly making a false statement or co representation to obtain any personal info criminal fines under the DPPA and RCW 4	oncealing a material fact required in this request or making false ormation from an individual's motor vehicle record is subject to federal 6.12.640
By signing or typing your name, you are cert the foregoing is true and correct.	tifying under penalty of perjury under the laws of the state of Washington tha
	Manager
04/02/2015 Yakima, Yakima, WA Date and place (county) signed	Signature Sund
Federal Driver Privacy Protection Act (DPPA)) 18 U.S.C. §2721 through §2725

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

04/02/2015 15:03 5094538786 ACTION PAGE 05/07

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies.
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
				i reiebudua #
1	Address, City, State, ZIP code		Subscriber's permiselble use	
	Does the subscriber provide information	on to	=	
	an attorney or private investigator?	☐ Yes ☐ No		
	Legal business name	Contact name	Emall	Telephono #
	Address Olive Objects (Property of the Control of t	<u></u>		
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information	on to		
	an attorney or private investigator?	🗀 Yeş 🗌 No		
	Legal business name	Contact name	Emall	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible use	
9			,	
	Does the subscriber provide information	on to	"	
	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	
"	D 0: 1 0			
	Does the subscriber provide information an attorney or private investigator?	in to □Voc.□No.		
-	Legal business name	Contact name	Email	**************************************
		Something the state of the stat	EIIRII	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
_				
	Does the subscriber provide information			
	an attorney or private investigator?			
	Legal businoss name	Contact name	Emall	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	<u> </u>
_				
	Does the subscriber provide informatio	n to		
-	an attorney or private investigator?	· · · · · · · · · · · · · · · · · · ·		
il	reĝaj eusiliass urme	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible use	
			,	
	Does the subscriber provide informatio	n to	7	
	an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 601 134 645
Business ID #: 1

siness ID #: 1 Location: 1

Expires: 03-31-2016

06/07

PAGE

ACTION COLLECTORS INCORPORATED 3410 W NOB HILL BLVD STE # 4 YAKIMA WA 98902 2365

TAX REGISTRATION INDUSTRIAL INSURANCE COLLECTION AGENCY

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

like Smil

Directory Department of Revenue

TRANSMISSION VERIFICATION REPORT

: 04/02/2015 14:50

NAME

: ACTION : 5094538786 : 5092486910 PAX TEL SER.# : 000C8N421947

DATE, TIME FAX NO./NAME DURATION

04/02 14;47 13605707895 00:03:23 06 OΚ

STANDARD

ACTION COLLECTORS, INC. P.O. BOX 2365 **YAKIMA, WA 98907**

(509) 248-6910 FAX (509) 453-8786

FAX TRANSMITTAL / COVER SHEET

DATE: 04-02-15

COMPANY: Department Of Licensing

ATTN: LV,LP.S.

FROM: Cory

OF PAGES (INCLUDING COVER SHEET): 6

Dear I.V.I.P.S., Please see attached our Application & business license. Please call my office at (509) 248-6910.

Respectfully,



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

4256446805

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

	•		
Method of access you are requesting			
✓ IVIPS (Individual record inquir			
☐ Bulk vehicle/vessel records (B	satch process) Freque	ency (check one): \square	One time Periodic Regular
PRINT or TYPE Company/Agency name			
ACURA OF BELLEVUE		· · · · · · · · · · · · · · · · · · ·	
Contract contact/manager (IVIPS and Bulk recon	ds accounts)	Signing Authority name (B	ulk records accounts only)
Tawni Bullock			
	IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(425) 644-3000 tawnibullock(c	Dacuraofbellevue.co		
13424 NE 20TH ST, BELLEVUE			Authorities and the second sec
Mailing address of business, if different (Address or	PO Box, City, State, 2IP code)		
Provide one of Taxpayer Identification Num	chor (TIN) Employer I	dentification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:	Liployer (dentification (Ent)	600 617 52
Provide a detailed explanation of your primary bu			1 600 611 521
Check all that apply to you and/or your business	A STATE AM RIGHT		
☐ Attorney	☐ Lien service		Service bureau for another business
☐ Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	Neighborhood b	lock watch	
☐ Bail bonds	Newspaper or m	edia [Storage facility
Bank or financing firm	Non-profit organ	ization [Title/Escrow
Business	Parking enforcer		☐ Toll facility
Commercial parking company	Private investiga	tor [☐ Towing company
Credit union	Process server		☐ Transporter
Data broker/Reseller	Property mgmt		Union (non-profit)
Debt recovery/Collection	Property mgmt		Z Vehicle/Vessel dealer
Employer/Prospective employer	Repossession se	ervice	\square I represent a business that will
Government	Retail/Store		provide information to another party
Guardianship/Trustee service	School - Private		Provide business names:
Homeowner association	☐ School - Public		
Hospital	Scrap processor		Other (explain)
_ Hulk hauler	Security services		
Incurance company/agent	Security carvices	- Drivato	

ć	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	When a customer is trading-in a vehicle we need to know if there are liens against the vehicle and who the Legal owner is at the time of the Trade I
	to know if there are liens against the vehicle and
	who the Legal owner is at the time of the Trade I
	00.00
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you oncure
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
<u> </u>	Owner contact Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
7	Answer the following
	Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
	unsolicited business contact, or promoting the sale of any goods or services?

8	Check all that apply
	☐ I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
	 ☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must
	include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	I am a process server. Attach legible copies of: • your current business license
	 any/all professional licenses that you possess registration for county jurisdictions
	 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	 ☐ I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
	 I am an attorney.* Attach legible copies of: your current business license your current bar card
	I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
'W	henever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

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ionature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section) Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

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In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

_				
	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
-	Legal business name	Contact name	Email	Telephone #
		Condornano	Email	retephone #
2	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information	to	-	
	an attorney or private investigator?			
-	Legal business name	Contact name	Email	Tolonhono #
	Logar business name	Contact name	Email	Telephone #
	Add Ok. Ok. 710	I.		1
3	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information			
_	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information			
	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
-	· · · · · · · · · · · · · · · · · · ·		_	
	Does the subscriber provide information	to		
	an attorney or private investigator?	∐Yes ∐No		
	Legal business name	Contact name	Email	Telephone #
_	Address, City, State, ZIP code		Subscriber's permissible use	<u> </u>
6			Gababile 3 permissione age	
	Does the subscriber provide information t	io		
	an attorney or private investigator?			
\dashv	Legal business name	Contact name	Email	Telephone #
_ }	Address, City, State, ZIP code		Subscriber's permissible use	[
7	The start of the s		oubscribers permissible use	
ł	Does the subscriber provide information t	^		
	an attorney or private investigator?			
	an anomor of private mivestigator:			!

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 600 617 521

Business ID #: 1 Location: 1

Expires: 12-31-2015

BNS ENTERPRISES, INC. ACURA OF BELLEVUE 13424 NE 20TH BELLEVUE WA 98005

TAX REGISTRATION INDUSTRIAL INSURANCE MINOR WORK PERMIT MOTOR VEHICLE DEALER #1008

UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS: BELLEVUE GENERAL BUSINESS #026980

DUTIES OF MINORS:

Lot clean-up, scan & file paperwork, answer phone.

LICENSING RESTRICTIONS:

The regular driving of motor vehicles by minors is prohibited. WAC 296-125-030 (2)

Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email teensafety@Lni.wa.gov for information.

This document lists the registrations, endorsements, and licenses authorized for the business $named above. \ By accepting this document, the licensee certifies the information on the application$ was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
IVIPS (Individual record inquirie		number, if applicable	
☐ Bulk vehicle/vessel records (Ba	atch process) Frequ	uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			
ADESA OREGON LLC dba ADES			
Contract contact/manager (IVIPS and Bulk record	is accounts)	Signing Authority name (B	ulk records accounts only)
Darlaina Shedeck (Darla)			
	VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
	eck@adesa.com		
Physical address of business (Number and street, Ch	ty, State, ZIP code)		
90485 Auction Way, Eugene, OR			
Mailing address of business, if different (Address or F	PO Box, City, State, ZIP code)		
Provide one of Taxpayer Identification Num	ber (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers: Provide a detailed explanation or your primary bu			
We are a vehicle auction that is o	non mainly to licen	and vahiala daalara	
AAC SIC S ACHINIC STORING HISTIS O	pen mainly to licens	sed verilicie dealers.	
Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		☐ Service bureau for another busines
☑ Auction	☐ Marina		Provide business name:
☐ Auto manufacturer or agent	Neighborhood	block watch	
☐ Bail bonds	☐ Newspaper or	media	✓ Storage facility
☐ Bank or financing firm	☐ Non-profit org.	anization	☐ Title/Escrow
☑ Business	☐ Parking enforce	cement	☐ Toll facility
☐ Commercial parking company	Private investi	gator	☐ Towing company
☐ Credit union	☐ Process serve	er	✓ Transporter
☐ Data broker/Reseller	☐ Property mgm	t Government	☐ Union (non-profit)
☐ Debt recovery/Collection	☐ Property mgm	t Private	✓ Vehicle/Vessel dealer
☑ Employer/Prospective employer	Repossession	service	☐ I represent a business that will
☐ Government	☐ Retail/Store		provide information to another par
☐ Guardianship/Trustee service	School - Priva	te	Provide business names:
☐ Homeowner association	School - Publi	С	
☐ Hospital	☐ Scrap process	or or wrecker	☐ Other (explain)
Hulk hauler		ces - Government	
☐ Incurance company/agent	☐ Security service		

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	Ve need to verify Lost Title Applications and to verify vehicle ownership information (ie, lienholders) on ehicles that are dropped off at our auction.
5	Redisclosure and/or selling of Information
3	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	The release and redical course of percent information is restricted by state and federal laws. How do you arouse
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
61	Owner contact
	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
W	e occasionally contact lienholders via telephone or email.
-	Account that Library in
1	Answer the following 1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	unsolicited business contact, or promoting the sale of any goods or services?

8	Check all that apply
	I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
	 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer identification Number (EIN) or Taxpayer Identification Number (TIN).
	I am a process server. Attach legible copies of: • your current business license • any/all professional licenses that you possess • registration for county jurisdictions
	 ☐ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
	 I am an attorney.* Attach legible copies of: your current business license your current bar card
	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
	Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
rep	owingly making a false statement or concealing a material fact required in this request or making false presentation to obtain any personal information from an individual's motor vehicle record is subject to federal minal fines under the DPPA and RCW 46.12.640
	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.
	Office Manager Title
	23/2016 Lane County, OR X Variating Signed Signature X Signature
	deral Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

 S) Current IVIPS number, if applicable 	
tch process) Frequency (check one):	☐ One time ☐ Periodic ☒ Regular
NC Abe Dougs	MAZOA
	e (Bulk records accounts only)
	(Law radia addania diny)
IPS and Bulk records (Area code) Phone num	per Email (required for Bulk records)
	Email (regarded to) asia (coolea)
State 7/8 dade)	
E Imagist 10) A	98026
	10020
O Box, City, State, ZiP code)	
per (TIN) Employer Identification Number (EIN) WA Unitled Business Identifier (UBI)
	600 436 468
166	
CC 2	
Lien service	Service bureau for another business
☐ Marina	Service bureau for another business Provide business name:
☐ Marina☐ Neighborhood block watch	Provide business name:
☐ Marina	
☐ Marina☐ Neighborhood block watch☐ Newspaper or media	Provide business name:
 ☐ Marina ☐ Neighborhood block watch ☐ Newspaper or media ☐ Non-profit organization 	Provide business name: Storage facility Title/Escrow
 ☐ Marina ☐ Neighborhood block watch ☐ Newspaper or media ☐ Non-profit organization ☐ Parking enforcement 	Provide business name: Storage facility Title/Escrow Toll facility
 ☐ Marina ☐ Neighborhood block watch ☐ Newspaper or media ☐ Non-profit organization ☐ Parking enforcement ☐ Private investigator 	Provide business name: Storage facility Title/Escrow Toll facility Towing company
 ☐ Marina ☐ Neighborhood block watch ☐ Newspaper or media ☐ Non-profit organization ☐ Parking enforcement ☐ Private investigator ☐ Process server 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter
 ☐ Marina ☐ Neighborhood block watch ☐ Newspaper or media ☐ Non-profit organization ☐ Parking enforcement ☐ Private investigator ☐ Process server ☐ Property mgmt Government 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit)
 ☐ Marina ☐ Neighborhood block watch ☐ Newspaper or media ☐ Non-profit organization ☐ Parking enforcement ☐ Private investigator ☐ Process server ☐ Property mgmt Government ☐ Property mgmt Private 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
 ☐ Marina ☐ Neighborhood block watch ☐ Newspaper or media ☐ Non-profit organization ☐ Parking enforcement ☐ Private investigator ☐ Process server ☐ Property mgmt Government ☐ Property mgmt Private ☐ Repossession service 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
 Marina Neighborhood block watch Newspaper or media Non-profit organization Parking enforcement Private investigator Process server Property mgmt Government Property mgmt Private Repossession service Retail/Store 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party
 Marina Neighborhood block watch Newspaper or media Non-profit organization Parking enforcement Private investigator Process server Property mgmt Government Property mgmt Private Repossession service Retail/Store School - Private 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
 Marina Neighborhood block watch Newspaper or media Non-profit organization Parking enforcement Private investigator Process server Property mgmt Government Property mgmt Private Repossession service Retail/Store 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party
 Marina Neighborhood block watch Newspaper or media Non-profit organization Parking enforcement Private investigator Process server Property mgmt Government Property mgmt Private Repossession service Retail/Store School - Private School - Public 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names:
 Marina Neighborhood block watch Newspaper or media Non-profit organization Parking enforcement Private investigator Process server Property mgmt Government Property mgmt Private Repossession service Retail/Store School - Private 	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party
	NC dba Dougs

	To verify legal owners on all trade in vehicles
5	Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
6	Owner contact Will you contact the vehicle/vessel owner?
7	Answer the following 1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? 2. Do you agree not to use the information for any purpose other than reasons stated on this application? 3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? No

3	Check all that apply
	☐ I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
	 □ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
	 □ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	 □ I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
	☐ I am an attorney.* Attach legible copies of: • your current business license • your current bar card
	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
	Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
rej	nowingly making a false statement or concealing a material fact required in this request or making false presentation to obtain any personal information from an individual's motor vehicle record is subject to federal iminal fines under the DPPA and RCW 46.12.640
	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that Is foregoing is true and correct.
	Title Aprice Man
	4-1-15 (Booke) ()
Jat	e and place (county) signed Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 600 436 468

Business ID #: 1 Location: 3

Expires: 03-31-2016

ADZAM, INC. DOUG'S LYNNWOOD MAZDA 22130 HIGHWAY 99 EDMONDS WA 98026 8042

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT
MOTOR VEHICLE DEALER #2875

UNEMPLOYMENT INSURANCE

DUTIES OF MINORS:

Answer phones wash cars, filing

LICENSING RESTRICTIONS:

Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email teensafety@Lni.wa.gov for information.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



2014-03-04 20:52

Vehicle/Vessel **Disclosure Agreement Application**

5039839025 >>

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

Public Disclosure Department of Licensing PO Box 2957 Olympia WA 98507-2957

Fax: (360) 570-7895

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

NOTICE: Effective January 1, 2014 there will be a \$2.00 fee for each record accessed through IVIPS

PRINT OR TYPE Method of access you are requesting		
Internet Vehicle/Vessel Information Processing Syst Secure data transfer (360) 902-3673	em (IVIPS) (Individual record	inquiries) (360) 359-4001
☐ Electronic Lender Transaction (ELT) (360) 902-3708	Service bureau name:	
HACOCO ALL SOLO	+ Somice	
College name KOOON & BEHO	(Area epcle) Telephone number	(Area cade) Fax number
Contect name 2 (if applicable)	(Area code) Telephone number	email email
Contact name 3 (if applicable)	(Area code) Telephone number	email
Physical address of business (Number and street)		
City Salam	S	0 000
Mailing address of business (If different)		
Brooks	S	210 210 00 72/2
Solemande Sonvice 1 @ Hotmand. com	Affordablewhole	esale Autos, com
Tax Identification Number (TIN)		
Federal Employer Identification Number (EIN)		
Washington State Unified Business Identifer (UBI)		
Agenc	y Use Only	
Account number		unt Renewal Reapply
☐ Approved ☐ Denied ☑ Cancelled ☐ Misuse		чт — пенежан Сустеарріу
PD-224-002 Page 1 of 4 (R/1/14)WA		

2 Check all that apply to you and/or your business			
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association Hospital Hulk hauler Insurance company/agent	Lien service Marina Neighborhood block watch Newspaper or media Non-profit organization Parking enforcement Private investigator Process server Property mgmt Government Property mgmt Private Repossession service Retail/Store School - Private School - Public Scrap processor or wrecker Security services - Government Security services - Private	Service bureau for another business Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names: Other (explain)	
Sell vehicles	wholloall and	retail.	
4 Explain in detail why you need vehicle/vessel informed Nelcol to Ootour and title brand to us from Wa	nation. Give examples. Attach additional pages if necess Negystered or Cinform Otton o	ener, lienholder, n vehicles coming	
5 Redisclosure and/or selling of information			
Will you redisclose or sell the information	on to anyone else?		
Id			
If yes, to whom will you provide the information? Be specific, list all recipients.			
If yes, how do you ensure they have a particle of the state of the sta		hington State law? Be specific.	
Owner contact			
Will you contact the vehicle/vessel owner Unsolicited business contact for comme	or?	·····	
If yes, how is contact made? Describe. Letter by mail.	, present through promoted.		
If yes, describe or provide an example of the would only of the necessary to the	t why you would contact them. We we note that in one	re missing docs	

7 Check all that apply
 I represent a Washington State business. Attach legible copies of: your current business license. any/all professional licenses that you possess.
 represent a business outside Washington State. If your business is not required to be licensed in the State of Washington, attach a legible copy of either: your current business license. a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
 I am a process server. Attach legible copies of: your current business license. any/all professional licenses that you possess. registration for county jurisdictions.
☐ I represent a government agency. Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:
 ☐ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I am an attorney.* Attach legible copies of: your current business license. your current bar card.
 I am a private investigator.* Attach legible copies of: your current Private Investigator license. your current business license.
*Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided. RCW 46.12.635(4) 3 Answer the following
Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Agreement Application?
Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application?
Do you agree not to use the information for any purpose other than what is-stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization?
Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information
•

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Salem OR

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

/EHICLE DEALER CERTIFICATE

DA0251

EFFECTIVE: JANUARY 1, 2012

EXPIRES: DECEMBER 31, 2014

Issued To:

SALEM AUTO SERVICE INC DBA: AFFORDABLE AUTO SALES & SERVICE

7096 PORTLAND RD NE

SALEM OR 97305

provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040. This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050

Driver and Motor Vehicle Services
Department of Transportation

* ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507

(360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here. Website Company/Agency name Farmers Insurance - Commercial Auto Total Loss Contact name, Primary applicant and contract manager (Area code) Telephone number Email (required) kelly, 1, newton@farmersinsurance.com Kelly Newton (913) 577-7951 (Area code) Telephone number Email (required) Contact name 2 (If applicable) (913) 577-7952 randall,conner@farmersinsurance.com Randall Conner Physical address of business (number and street) 10551 S Ridgeview Rd State ZIP code City KS 66061 Olathe Mailing address of business (if different) ZIP code City State Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Taxpayer Identification Number (TIN) Provide one of these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Auto Insurance / Insurance Claims Office / Property Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not sell or provide the information to anyone else. We will contact the venicle/ressel owner most often contact with the title holder is a result of ongoing Submitted insurance claim: Generally by prove, document, and or email. We will not use the information for commercial purpose, making unsdicted businession tact, or promoting the

APD-224-002 (AVA/16)WA Page 1 of 3 Sale of any souds or Services

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/iv/psprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
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- Non-profit organization or corporation Attach a legible copy of one of the following:
 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

		•
Legal business name		•
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an a	attorney or private investigat	tor? 🗆 Yes 🗆 No
Subscriber's permissible use	ttorney or private investigat	.OI: L. 163 L. 1NO
2 Legal business name		
Z Legal Dusiliess Hallie		·
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	tor? LI Yes LI No
Subscriber's permissible use		•
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		<u> </u>
Does the subscriber provide information to an a	ttorney or private investigate	or? 🗆 Yes 🗆 No
Subscriber's permissible use		·
4 Legal business name		
Address, Cily, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing Information		
Does the subscriber provide information to an at	torney or private investigate.	or? ☐ Yes ☐ No
Subscriber's permissible use	. ,	ı

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

If you currently have an IVIPS number, enter it here ___

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Fax

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

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Company/Agency name Wabsite **BOB HART CHEVROLET** Contact name, Primary applicant and contract manager (Area code) Telephone number Email (required) DAWN COATS (918) 256-6462 hwinesburg@bobhartchevrolet.com Email (required) Contact name 2 (If applicable) (Area code) Telephone number Heather Winesburg (918) 256-6462 hwinesburg@bobhartchevrolet.com Physical address of business (number and street) 495 S 7th Street City ZIP code Siste Vinita OK 74301 Malling address of business (If different) City State ZIP code Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Taxpayer Identification Number (TIN) Provide one of these identiflers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are a dealership and wanting to be able to add liens on title that are going to registered in your state Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. NO

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- . Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
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 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
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- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/9/2016

Date and place (county) signed

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years
 from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

Legal business name Crossroads of Vinita LLC dba Bob Hart Che	vrolet	
Address, City, State, ZIP code		
495 S 7th street		
Contact name	(Area code) Telephone number	Email
Dawn Coats	(918) 256-6462	hwinesburg@bobhartchevrolet.com
Providing Information		
Does the subscriber provide information to an a	ttorney or private investigat	or? ☐ Yes ☑ No
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code	ун тараа жана орган аштат түрөө атом орган аштатуу тору карта дар тамамат түүлөө байган тогчөөү тамамат түрүү т	принитирова мунициона в менерона в менерона може учество принитирова може принитирова в менерона може по принитирова в може по принитирова в менерона може по принитирова в може по принитирова в може по принитирова в може по принитирова в може по пр
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Subscriber's permissible use	anna da santa anta fara anta anta anta anta anta anta anta a	
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Talaphone numbar	Email
Providing information	66	
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗆 Yes 🗀 No
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP cods		<u></u>
Contest name	(Area code) Telephone number	Emall
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🗀 No
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

STATE OF OKLAHOMA



Certificate of License

UD-2627-17

WHEREAS

The Oklahoma Used Motor Vehicle And Parts Commission HAS LICENSED

CROSSROADS CHEVROLET OF VINITA, LLC DBA

BOB HART CHEVROLET

495 S. 7TH VINITA, OK

RECOGNIZED AS DEALER RESPONSIBLE FOR THE MANAGEMENT OF USED MOTOR VEHICLE SALES

AND ITS REQUIRED PERSONNEL AS PROVIDED BY THE LAWS OF THE

State of Oklahoma

IN TESTIMONY WHEREOF WE SET OUR HAND AND CAUSE TO BE AFFIXED

THE SEAL OF THE

OKLAHOMA USED MOTOR VEHICLE AND PARTS COMMISSION



Executive Director

Chairman

Exnires: 12-31-2017

OKLAHOMA MOTOR VEHICLE COMMISSION



Certificate of License

THE OKLAHOMA MOTOR VEHICLE COMMISSION has licensed

Crossroads Chevrolet of Vinita LLC dba

Bob Hart Chevrolet

495 S. 7TH ST.

VINITA, OKLAHOMA 74301

AS AN AUTHORIZED DEALER FOR CHEVROLET

And is responsible for the management of its operations and personnel as provided by the laws of the State of Oklahoma.

IN TESTIMONY WHEREOF WE SET OUR HAND AND CAUSE TO BE AFFIXED

THE SEAL OF THE

OKLAHOMA MOTOR VEHICLE COMMISSION

Dan Mullins

Roy X Dockson

Executive Director

Issue Date: 07/01/2016 Expires: 06/30/2017



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Email (quickest) ivips@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above)

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 (360) 570-7895

Phone (360) 359-4001

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I†	vou	currently	have	an	IVIPS	number.	enter it	here

No, we will not disclose it or contact the owner.

ompany/Agency name Secure Collateral Management, LLC			Website WWW.secure-cm.com		cure-cm.com
Contact name. Primary applicant David Hutsell	ary applicant and contract manager (Area code) Telephone number (972) 331-4167				ed) @secure-cm.com
Contact name 2 (if applicable)		(Area code) Telephone number		Email (requir	ed)
Physical address of business (nu 12620 E. Northwest H	•				
City Dallas	City			State TX	ZIP code 75228
Mailing address of business (if di	fferent)				
City				State	ZIP code
Provide one of these identifiers	Taxpayer Identification	Number (TIN)	Employer Identificat	tion Number (EIN)	WA Unified Business Identifier (UBI)
you will use the vehicle	and vessel records). ation to verify the ban	k lien prior to	reposession. Ou		ss or agency does and how rifies liens and then assigns
Will you contact the ow investigator, or to any o	ther persons or busine	sses? Use th	is space to desc	ribe how you v	an attorney or private vill contact the owner or . This is required information.

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- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/1/2016 Dallas County, TX

Date and place (county) signed

David Hutsell
PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

RPD-224-002 (R/6/16)WA Page 2 of 3



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ivips@dol.wa.gov
Print and scan or upgrade to
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If you currently have an IVIPS number, enter it here

Wail
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Department of Licensing

PO Box 2957

(360) 570-7895

Phone

Fax

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Company/Agency name Northwest Asret Récose	ery + Invest	رها من	Website	
Contact name. Primary applicant and contract manager	(Area code) Telephone nu	umber	Email (required)	
Richard Isay	253-88-80	02		
Contact name 2 (if applicable)	(Area code) Telephone no		Email (required)	
			NWART	E 2016 @ outlook.
Physical address of business (number and street)				2 2016(9 00+135K.
3702 AUSURN WAY S	Apt k30s	-		
City		State		710
Auburn				ZIP code
Mailing address of business (if different)			WA	98092
maning accress or positioss (it dilitately)				
City		State		ZIP code
Provide one of Taxpayer Identification N	Number (TIN) Employer Is	dentification I	Number (FIM) W	A Unified Business Identifier (UBI)
these identifiers				04 045 /C/
Answer the following Provide a detailed explanation of your primary	business activity (exact	ay wnar		
Provide a detailed explanation of your primary you will use the vehicle and vessel records).			our business	or agency does and how
Provide a detailed explanation of your primary			our business	or agency does and how
Provide a detailed explanation of your primary you will use the vehicle and vessel records). FINANCES COLLAR REPOSSESS Will you contact the owner for any purpose, pro investigator, or to any other persons or busines disclose the information or state that you will not a state	ovide the registration reses? Use this space to ot disclose it and will n	ecord info	ormation to an e how you will the owner. The	attorney or private contact the owner or nis is required information.
Provide a detailed explanation of your primary you will use the vehicle and vessel records). FINANCES COLLARD RECOSES BANICS. Primary Reposses Will you contact the owner for any purpose, proinvestigator, or to any other persons or busines disclose the information or state that you will not the solely purpose of MAICH A AUTO (UIN) to	ovide the registration reses? Use this space to disclose it and will not company. A Liscourse	ecord info	ormation to an e how you will the owner. The	attorney or private contact the owner or nis is required information.
Provide a detailed explanation of your primary you will use the vehicle and vessel records). FINANCES COLLARD REPOSSES Will you contact the owner for any purpose, proinvestigator, or to any other persons or busines	ovide the registration reseas? Use this space to ot disclose it and will not company. A Liscourse	ecord info o describ ot contact	ormation to an e how you will the owner. The fact the owner of the owner ow	attorney or private contact the owner or nis is required information. ps is to will only could one of the could be could be at the could be could

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10/25/16 (C),og
Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

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RPD-224-002 (R/6/16)WA Page 2 of 3



October 12, 2016

30 NORTHWEST ASSET RECOVERY & INVESTIGATIONS 3702 AUBURN WAY S APT K305 AUBURN WA 98092-7292

UBI Number: 604 045 151 PAC Code: N058531X

IMPORTANT! Tax Registration Information

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

Filing Due Dates

Your taxes must be filed **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you must still file a tax return.

Based on your business open date, the first return you must file is the Annual 2016 return and is due on January 31, 2017. We will mail your return to you.

How to file your return

- <u>E-file on our website</u>. Filing your state excise tax return electronically saves time and helps your business avoid penalties by calculating taxes due and flagging potential errors. To get started on E-file, go to dor.wa.gov. You will also need your Pre-assigned Access Code (PAC). This is printed below your UBI Number on the front page of this letter.
- Request a printed form. Call our Telephone Information Center at 1-800-647-7706 to request tax-return forms using the automated system or speak to a tax representative.
- Download forms. Go to our website at dor.wa.gov.

(over)



Search

INTERNATION C BEAUGH WINNIE OF WOODS IN HIT WIN COME WINES. N

Back to seat h reaulty

If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue.

However, it may be registered with other agencies in the state.

Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO: 604045151

ACCOUNT OPENED:10/10/2016 12:00:00 AH

UB1: 604045151

604045151 ACCOUNT CLOSED: OPEN RICHARD IVEY AND HARIVIC TILLHAN

ENTITY NAME :

BUSINESS NAME :

HAILING ADDRESS:

3702 AUBURN WAY 5 APT K305

BUSINESS LOCATION:

AUBURN, WA 98092-7292

3702 AUBURN WAY 5 APT K305 AUBURN, WA 98092-7292

ENTITY TYPE : PARTNERSHIP

RESELLER PERMIT NO: N/A
PERMIT EFFECTIVE: N/A

NAICS CODE: 561491

PERMIT EXPIRES: N/A

NAICS DEFINITION REPOSSESSION SERVICES

FOR NON-COMMERCIAL USE ONLY

10/16/2016 1:05 AM



We need your help.

Take a 30 sec survey

grandes place

Later



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Español | Русский | 哲園 | Tagalog | Tiếng Việt | 漢語

YOUR PRIVACY | ©2010 WASHINGTON STATE DEPARTMENT OF REVENUE AND ITS LICENSORS. ALL RIGHTS RESERVED.

Access Washington ...

Voter registration assistance (SECRETARY OF STATE)



My DOR

NORTHWEST ASSET RECOVERY & INVESTIGATIONS

LICENSE INFORMATION:

Entity name:

RICHARD IVEY AND MARIVIC TILLMAN

Business name:

NORTHWEST ASSET RECOVERY & INVESTIGATIONS

Entity type:

Partnership

UBI:

604-045-151

Business ID: 001

Location ID: 0001

Location:

Open

Status: To check the status of this company, go to the link(s) below:

Department of Revenue

Location address:

Mailing address:

3702 AUBURN WAY S APT K305

3702 AUBURN WAY S APT K305

AUBURN, WA, 98092

AUBURN, WA, 98092

ENDORSEMENTS

Endorsements held at this location	License #	Count	Details	Status	Expiration date	First issuance date
Vehicle Transporter GOVERNING PEOPLE MAY INCLUDE GOVERNING PEOPLE NOT REGISTION OF THE PEOPLE NOT REGISTION OF T			View Plates	Pending	Oct-31-2017	Oct-10-2016
Governing people	PLE NOT REGISTERED WITH SO	S		Tialo		
IVEY, RICHARD WADE						
TILLMAN, MARIVIC P				Partners		
2 Rows		-	ten.	Partners		
REGISTERED TRADE NAMES						
Registered trade names				Status		Cinetian I
NORTHWEST ASSET RECOVERY & INVEST	TIGATIONS .			Active	· ,	First issued Oct-11-2016

Information current as of 10/16/2016 12:51:54 AM

Contact us

Your Privacy | Access Agreement © 2016 Washington State Department of Revenue and its licensors. All rights reserved. powered by

SecureAccess WASHINGTON



Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

(360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose Information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _ Company/Agency name Website Farmers Insurance - KC Total Loss Department Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) alexis.ehlers@farmersinsurance.com Alexis Ehlers (913) 827-5583 Contact name 2 (if applicable) (Area code) Telephone number Email (regulred) (913) 826-9307 micholas.baum@farmersinsurance.com Nicholas Baum Physical address of business (number and street) 16850 W 119th Street State ZIP code City 66061 KS Olathe Malling address of business (if different) ZIP code State Taxpaver Identification Number (TIN) Employer Identification Number (EIN) WA Unlifted Business Identifier (UBI) Provide one of these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Auto, Property Insurance Will you contact the owner for any purpose, provide the registration record information to an attorney or private

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not sell or provide the information to anyone else. We will contact the vehicle/vessel owner most often contact with the title holder is a result of ongoing, submitted insurance claim. Generally by phone, document, and/or email. We will not use the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be malled to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Fallure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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- Business outside Washington State Attach a legible copy of one of the following:
 - · Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private Investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that

the foregoing is true and correct.

Date and place (county) signed

7 1100 11 600

X /had// TV

Signature of business of organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087

Oct. 20. 2016 3:06PM

No. 1888 P. 3

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
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- Document the specific permissible use qualification for each subscriber
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In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Emall
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	or? ☐ Yes ☐ No
Subscriber's permissible use		
2 Legal business name		
Address, Cily, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	or? ☐ Yes ☐ No
Subscriber's permissible use		•
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email .
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Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
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If you currently have an IVIPS number, enter it here -Wehsite Company/Agency name D Consignments can LLC aba Blair'S I-5 RVS www. (Area code) Telephone number Email (required) Contact name. Primary applicant and contract manager 3120 273-1500 exandra Streminski (Area code) Telephone number Email (required) Contact name 2 (if applicable) Physical address of business (number and street) ZIP code State FILL Kirchester Mailing address of business (if different) ZIP code State City WA Unified Business Identifier (UBI) Employer Identification Number (EIN) Taxpayer Identification Number (TIN) Provide one of these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how We sell consigned RUs. Auto and Trailers. We need to you will use the vehicle and vessel records). verify registration \$ for title is the latest one and verify owner ship. Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. No. there will not be any need to do any of the above. We will not disclose the information or contact owner that we have pelled the information.

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 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

ity

PRINT or TYPE Name

Date and place (county) signed

Signature of business or organization representative

Authorities:

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1 Legal business name RVS Consignments, com LLC	dba Blair's I-5	RVS
Address, City, State, ZIP code		
5910 June Way Stel. Rache	ester , WA 9857	C
Contact name Hovernorm Stremmski	(Area code) Telephone number	sales@15rus.com
Providing information		
Does the subscriber provide information to an at	torney or private investigate	or? 🗌 Yes 🙋 No
Subscriber's permissible use Atomation is used to Verify if there Legal business name	cisaleinholder, curr	rentauners, current title names
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an at	ttorney or private investigat	or? 🗌 Yes 🔲 No
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information	ttornov or private investigat	or? \(\text{Yes} \) No
Does the subscriber provide information to an a	ttorney or private investigat	or
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information	attornov or private investiga	tor? 🗆 Yes 🗆 No
Does the subscriber provide information to an a	illorriey or private investiga	101.
Subscriber's permissible use		

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RVS CONSIGNMENTS.COM LLC BLAIR'S I-5 RVS 5910 IVAN WAY SW **ROCHESTER WA 98579-9125**

DETACH BEFORE POSTING



BUSINESS LICENSE

Limited Liability Company

RVS CONSIGNMENTS.COM LLC BLAIR'S I-5 RVS 5910 IVAN WAY SW **ROCHESTER, WA 98579-9125**

LP GAS METER - SMALL (1) INDUSTRIAL INSURANCE MOTOR VEHICLE DEALER #7365 Unified Business ID #: 602851281 Business ID #: 001 Location: 0001

Expires: Jul 31, 2017

UNEMPLOYMENT INSURANCE TAX REGISTRATION MANUFACTURED HOME TRAVEL TRAILER DEALER #4879

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES: BLAIR'S I-5 RVS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



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If you currently have an IVIPS number, enter it here. Website Company/Agency name www.chicagotitleoregon.com Chicago Title Company of Oregon Email (required) Contact name. Primary applicant and contract manager (Area code) Telephone number wendy.geurin@ctt.com Wendy Geurin (503) 973-7400 Email (required) (Area code) Telephone number Contact name 2 (if applicable) (503) 973-7400 jennifer.lyke@ctt.com Jennifer Lyke Physical address of business (number and street) 1211 SW Fifth Ave, Suite 2130 ZIP code State City 97204 OR Portland Mailing address of business (if different) ZIP code City WA Unified Business Identifier (UBI) Employer Identification Number (EIN) Taxpayer Identification Number (TIN) Provide one of these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Our agency will use the vehicle records to verify the ownership of the unit(s) so we may process the correct paperwork for the sale of the manufacured home(s) in the State of Washington. Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or

disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will be in contact with the registered owner, as it will be necessary for them to sign paperwork in order to sell the

manufactured homes.

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/10/16 Muthomah
Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

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1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🔲 No
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🗌 No
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an a	attorney or private investigat	or? 🗌 Yes 🗌 No
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		Tara No. No.
Does the subscriber provide information to an a Subscriber's permissible use	illomey or private investigat	tor? L Yes L No

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1211 SW Fifth Ave., Ste 2130 Portland, OR 97204 Phone: (503)973-7400 / Fax: (503)248-0324

October 10, 2016

Vehicle Records Disclosure Unit Department of Licensing P.O. Box 2957 Olympia, WA 98507

RE: Vehicle/Vessel On-Line Access

EIN | Chicago Title Company of Oregon

To Whom It May Concern;

Due to our close proximity to Washington State and the nationwide transactions our Commercial Escrow department processes, our agency is requesting access to your online vehicle records. In lieu of a Washington State business license, I am supplying you with a letter per your instruction.

Please accept this letter as confirmation that both Jennifer Lyke and Wendy Geurin may act on behalf of Chicago Title Company of Oregon, to request Vehicle registration information for the processing of Manufactured Home structures in the State of Washington.

Should there be any additional items necessary to complete the set-up, please do not hesitate to contact us at 503-973-7400.

Sincerely,

Maggie Metcalf

Tri-County Manager, V.P.

Chicago Title Company of Oregon



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If you currently have an IVIPS number, enter it here _ Company/Agency name Contact riame. Primary applicant and contract manager (Area code) Telephone number Email (required) rFiel nchel FIEMS 053-591-5426 Contact name 2 (if applicable) (Area code) Telephone number Email (required) Shaeina Miller 153-391-5 miller Physical address of business (number and street) 747 Market City State ZIP code 1acoma Mailing address of business (if different) 3461 A Orchard City. State ZIP code 98466 coma Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Government entity - Hubblic works department. Use records your deement address to belle of damage to cety property. Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. loxate current blaness you billing

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PRINT or TYPE Name

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Signature of business or organization representative

Authorities:



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Company/Agency name C & V AUTO SALES &	SERVICE INC.			Website		
Contact name, Primary applicant and contract manager KYLE R CHILDRESS (509) 764-8600					Email (required) kyle.childress@yahoo.com	
		(Area code	e) Telephone number		Email (required)	
Physical address of business (numb 520 S PIONEER WAY	per and street)					
Onty MOSES LAKE				State WA		ZIP code 98837
Mailing address of business (if differ	ent)					
Dity				State		ZIP code
Provide one of	Taxpayer Identification Nu	(TIAL)	F114	-A2	1	
hese identifiers Answer the following			Employer Identification		600	108595
hese identifiers	nation of your primary bend vessel records).	ousiness act	civity (exactly w	nat your busine	600 ess or a	agency does and how

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9-16-16 Grant County
Date and place (county) signed

X Lyl Jilbac

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
C & V AUTO SALES & SERVICE		
Address, City, State, ZIP code 520 S PIONEER WAY MOSES LAK	XE WA 98837	
Contact name KYLE R CHILDRESS	(Area code) Telephone number (509) 764-8600	Email kyle.childress@yahoo.com
Providing information Does the subscriber provide information to an Subscriber's permissible use		tor? 🗌 Yes 🗹 No
Information used to determine the legal owner Legal business name C. & V. ALITO SALES & GERNAGE	ship of vehicle and to track	down repossessions
C & V AUTO SALES & SERVICE Address, City. State, ZIP code 520 S PIONEER WAY MOSES LAKE.	W.A. 00025	
520 S PIONEER WAY MOSES LAKE, Contact name JUDY FOGERSON	(Area code) Telephone number (509) 764-8600	Email candyaytosalos52@gmasil.aa
Providing information Does the subscriber provide information to an a		candvautosales53@gmail.com tor? ☐ Yes ☑ No
Subscriber's permissible use Information used to determine legal ownership Legal business name		
C & V AUTO SALES & SERVICE		
Address, City, State, ZIP code 520 S PIONEER WAY MOSES LAKE,	WA 98837	
Contact name JUAN PINEDA	(Area code) Telephone number (509) 431-3810	Email gps1juan@gmail.com
Providing information Does the subscriber provide information to an a	attorney or private investigat	or? ☐ Yes ☑ No
Subscriber's permissible use Information used to track down repossessions		
4. Legal business name		
Address. City. State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an a Subscriber's permissible use	ttorney or private investigate	or? 🗌 Yes 🗎 No

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



BUSINESS LICENSE

Corporation

C & V AUTO SALES & SERVICE, INC. C & V AUTO SALES 520 S PIONEER WAY MOSES LAKE, WA 98837 Unified Business ID #: 600108595

Business ID #: 001 Location: 0001

Expires: Jul 31, 2017

UNEMPLOYMENT INSURANCE TAX REGISTRATION

RENTAL CAR REGISTRATION #R61216 MOTOR VEHICLE DEALER #1472

This document lists the registrations, endorsements, and licenses authorized to the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here Company/Agency name Website ARMSTRONG & ASSOCIATES www.gettherightinfo.com Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) James Armstrong (360) 525-3220 armstrong@gettherightinfo.com Contact name 2 (if applicable) (Area code) Telephone number Email (required) N/A N/A Physical address of business (number and street) 12469 CASE RD SW State ZIP code **OLYMPIA** WA 98512-9128 Mailing address of business (if different) SAME AS ABOVE State ZIP code SAME AS ABOVE WA 98512-9128 Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of 601-252-745 these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Private investigation agency, we mainly deal with law office's and auto accident investigations as well as criminal investigations, accident recreations / investigations, surveillance.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We have no need to contact the owner of the registration document. We are a private investigation company so we do plan on furnishing the records to further aid our investigations. The information will not be disclosed to outside parties, it is strictly for internal investigation purposes only.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

09/09/2016

Date and place (county) signed

James R. Armstrong

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

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In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
	-	
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗹 Yes 🗌 No
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🔲 No
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🔲 No
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an a	attorney or private investigat	tor? 🗌 Yes 🗎 No
Subscriber's permissible use		

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Email (quickest) ivips@dol.wa.gov Print and scan or upgrade to Adobe Reader XI or above) Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax (360) 570-7895

Phone (360) 359-4001

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If you currently have an IVIPS number, enter it here _ Company/Agency name Nationwide Process Service, Inc. www.NationwideProcess.com Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) (503) 241-0636 aaron@NationwideProcess.com Aaron Crowe Contact name 2 (if applicable) (Area code) Telephone number Email (required) Physical address of business (number and street) 1201 SW 12th Avenue, Suite 300 City State ZIP code Portland OR 97205 Mailing address of business (if different) City ZIP code Provide one of Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Research on defendants in existing or prospective litigation for the purpose of confirming relevant information to case or fully identifying and/or locating defendant for the purpose of service of process. Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Owner of vehicles will not be contacted by this office. Information will be relayed to an active member of the Oregon

or Washington State Bar.

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service.
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/7/2016@ Multwomath

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

IVIPS Use and Disclosure Contract Attachment B User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name	IVIPS account number
Nationwide Process Service, Inc.	
1. TYPE or PRINT Employee name	User sub-account number
Aaron Crowe	
2. Employee name	User sub-account number
3. Employee name	User sub-account number
3. Employee name	Oser sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
o. Employed name	330. 332 3333
O. Frankrija posto	User sub-account number
9. Employee name	Oser sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
13. Employee name	OSSI SUB ABBOURT HUMBER
	I have a large and a second a second and a second a second and a second a second and a second an
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number
1	1

This form may be duplicated.



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507 (360) 570-7895

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here Company/Agency name Websito A&A Towing inc Email (required) (Area code) Telephone number Contact name. Primary applicant and contract manager wendy@aatowinginc.com (775) 348-6565 Wendy Trenchick Email (required) (Area code) Telephone number Contact name 2 (if applicable) (775) 348-6565 erica.holt@aatowinginc.com Erica Holt Physical address of business (number and street) 1395 E 4th st ZIP code State City NV 89512 Reno Mailing address of business (if different) ZIP code State City Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Taxpaver Identification Number (TIN) Provide one of these identifiers Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We need to request records for 7 states for lien sale vehicles that were non-consensual impounds.

We are a Towny company that here the curtherity to mpound which is

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We need to get the legal and registered owner info on the vehicles to send them letters notifying them on lien sale, date, time and location of auction as well as current fees owed on the vehicle.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

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- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private Investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

8-17-16 / Washac

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

RPD-224-002 (RV6/16)WA Page 2 of 3

LICENSE NUMBER

THIS CERTIFIES THAT IN THE NAME OF LOCATED AT

B1600261;

LICENSE TYPE

LICENSE - NOT TRANSFERRABLE POST IN A CONSPICUEUS PLACE



COUNTY OF WASHOE NEVADA

YEAR LICENSE VALID

LICENSE FEE PAID

\$55.00

PROM 03/01/2016 TO 02/28/2017

This license cannot be transferred or assigned. It is valid only for the licensee and location shown below

A & A TOWING INC JOE RIBAR - PRES 1395 E 4TH ST

A & A TOWING INC JOE RIBAR - PRES 1395 B 4TH ST RENO NV 89512

This license certifies that the name above has paid the required fees to the license collector of Washoe County and is hereby authorized to conduct business and is subject to the provisions of law.



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If you currently have an IVIPS number, enter it here _____

Company/Agency name Blinker Direct LLC					Website blinker.c	om	
Contact name. Primary applicant and contract manager Deb LaMarine			(Area code) Telephone number (303) 202-3052		Emall (required) deb@blinker.com		m
Contact name 2 (if applicable)		(Area cod	e) Telephone number	er Email (required)		ed)	
Physical address of business (number at 1675 Larimer St #300	nd street)						
City Denver				State CO		1	ZIP code 80202
$\begin{array}{l} \text{Mailing address of business (if different)} \\ PO\ BOX\ 1678 \end{array}$							
City Denver				State			ZIP code 80201
Provide one of these identifiers	Taxpayer Identification	Number (TIN)	Employer Identific	ation Num	nber (EIN)	WA Uni	fied Business Identifier (UBI)
Answer the following Provide a detailed explanation you will use the vehicle and the vehicle a	vessel records).					ss or a	gency does and how
Will you contact the owner for investigator, or to any other produced the information or so No. No, we will not disclose the information or so No.	persons or busine tate that you will r	esses? Use th not disclose it	is space to des and will not co	scribe h ntact th	ow you w	vill cont	tact the owner or

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

	Deb LaMarine
8/4/16 Denver	PRINT or YPE Name
Date and place (county) signed	Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- · Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- · Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name Blinker Direct LLC					
Address, City, State, ZIP code		And Annual Market Control of the Con			
1675 Larimer St #300 Denver CO 80202					
Contact name	(Area code) Telephone number	Email			
Deb LaMarine	(303) 202-3052	deb@blinker.com			
Providing information					
Does the subscriber provide information to an a	ttorney or private investigat	or? ☐ Yes ☑ No			
Subscriber's permissible use					
Motor vehicle ownership verification before lis	ting vehicle for sale on our	website			
2 Legal business name					
Address, City, State, ZIP code					
Contact name	(Area code) Telephone number	Email			
Providing information					
Does the subscriber provide information to an a	ttorney or private investigat	or? ☐ Yes ☐ No			
Subscriber's permissible use					
3 Legal business name					
Address, City, State, ZIP code					
Contact name	(Area code) Telephone number	Email			
Providing information		<u> </u>			
Does the subscriber provide information to an a	ttorney or private investigat	or? ☐ Yes ☐ No			
Subscriber's permissible use		West Annual Property of the Control			
4 Legal business name					
Address, City, State, ZIP code					
Contact name	(Area code) Telephone number	Email			
Providing information					
Does the subscriber provide information to an attorney or private investigator? $\ \square$ Yes $\ \square$ No					
Subscriber's permissible use					

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

B blinker

PO Box 1678 Denver, Colorado 80201

303 202 3050 blinker.com

August 4, 2016

Vehicle Records Disclosure Unit

Department of Licensing

Po box 2957

Olympia WA 98507

To Whom It May Concern:

This is to authorize Deb Lamarine, Title Specalist for Blinker Direct LLC, acting as agent for same.

EIN # 46-3892661.

Thank you

Adrianne Godart

Authorized Representative



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing

PO Box 2957 Olympia, WA 98507 (360) 570-7895

Fax

Phone (360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _ Company/Agency name Website US Forest Service Mt. Hood National Forest Contact name. Primary applicant and contract manager (Area code) Telephone number Email (required) Claire Pitner (541) 352-1248 cpitner@fs.fed.us Email (required) (Area code) Telephone number Contact name 2 (if applicable) jenniferwade@fs.fed.us Jen Wade (503) 668-1792 Physical address of business (number and street) Hood River Ranger District 6780 Hwy 35 ZIP code City State OR 97041 Parkdale Mailing address of business (if different) State ZIP code City Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI) Provide one of these identifiers Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

US Forest Service manages public lands for multiple uses including recreation. This service will be used to process federal violation notices in accordance with 36 CFR 261 under 16 USC 551 and 559 (for failure to pay fees at recreation fee sites).

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Yes - personal information will be provided to the Central Violations Bureau and the US Attorneys Office. The owner will be contacted via Violation Notice in the mail.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business Attach a legible copy of your current business license
- Business outside Washington State Attach a legible copy of one of the following:
 - · Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - · Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Claire Pitner

July 25, 2016 Hood River County

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087

RPD-224-002 (R/6/16)WA Page 2 of 3

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- · Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years
 from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name					
Address, City, State, ZIP code					
Contact name	(Area code) Telephone number	Email			
	, ,				
Providing information					
Does the subscriber provide information to an a	ttorney or private investigat	or? ☐ Yes ☐ No			
Subscriber's permissible use					
2 Legal business name					
Legal business name					
Address, City, State, ZIP code					
	.				
Contact name	(Area code) Telephone number	Email			
Providing information Does the subscriber provide information to an a	ttornev or private investigat	or? ☐ Yes ☐ No			
Subscriber's permissible use	ittorney or private investigat	or les livo			
Subscribers permissible use					
3 Legal business name					
Address, City, State, ZIP code					
Contact name	(Area code) Telephone number	Email			
Providing information		• 			
Does the subscriber provide information to an a	ttorney or private investigat	or? ∐ Yes ∐ No			
Subscriber's permissible use					
4 Legal business name					
Logar basiness hams					
Address, City, State, ZIP code					
Contact name	(Area code) Telephone number	Email			
Providing information					
Does the subscriber provide information to an a	ttorney or private investigat	or? 🗌 Yes 🔲 No			
Subscriber's permissible use					

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
✓ IVIPS (Individual record inquirie)		number, if applicable	One time Deviation Descript
☐ Bulk vehicle/vessel records (Ba	atch process) Frequ	uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			
Idaho Transportation Department	- Division of Motor	Vehicles	
Contract contact/manager (IVIPS and Bulk record		Signing Authority name (B	ulk records accounts only)
Amy Smith, Vehicle Services Mar			
	VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(208) 334-8660 amy.smith@it			
Physical address of business (Number and street, Ci			
3311 W. State St Boise, ID 83703	3		
Mailing address of business, If different (Address or I			
PO Box 7129 Boise, ID 83707-11	29		
Provide one of these identifiers: Taxpayer Identification Num	nber (TIN) Employs	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
3 Check all that apply to you and/or your business Attorney Auction	☐ Lien service		Service bureau for another busines Provide business name:
Auto manufacturer or agent	☐ Neighborhood	hlock watch	1 Tovide basiness harre.
Bail bonds	☐ Newspaper or		☐ Storage facility
Bank or financing firm	☐ Non-profit org		☐ Title/Escrow
☐ Business	☐ Parking enfor		☐ Toll facility
☐ Commercial parking company	☐ Private invest		☐ Towing company
☐ Credit union	☐ Process serve		☐ Transporter
☐ Data broker/Reseller	☐ Property mgm	nt Government	☐ Union (non-profit)
☐ Debt recovery/Collection	☐ Property mgn	nt Private	☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer	Repossession		☐ I represent a business that will
✓ Government	☐ Retail/Store		provide information to another par
☐ Guardianship/Trustee service	School - Priva	nte	Provide business names:
☐ Homeowner association	School - Publ	ic	
☐ Hospital	☐ Scrap process	sor or wrecker	✓ Other (explain)
☐ Hulk hauler		ces - Government	Idaho Division of Motor Vehicles - title
☐ Insurance company/agent	☐ Security servi	ces - Private	issuance, dealer auditing and investigation

É	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.					
	Idaho Division of Motor Vehicles process title applications for vehicle owners, many come from out of state, some have questionable ownership documents, or title brands, odometer readings, DMV researches records from other states to ensure proper chain of ownership or brands prior to issuing an Idaho Certificate of Ownership, (title). DMV is also responsible for licensing dealerships and salesman, for which we enforce compliance, through auditing, investigation of consumer complaints, odometer issues.					
	Idaho DMV also provides title and registration records free of charge to other state DMVs for the same purposes listed above, to ensure accurate information on titles prior to issuance of title certificates.					
E	Redisclosure and/or selling of information					
	Will you sell or provide the information to anyone else?					
	If yes, who will you provide or sell the information?					
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?					
	How will you provide the information to recipients? Explain.					
	Owner contact					
٠	Will you contact the vehicle/vessel owner? No					
	Unsolicited business contact for commercial purposes is strictly prohibited.					
	If yes, why will you contact the owner and how will you contact them?					
	This happens on occasion when release of interest in a vehicle occurs, where the bill of sale, or previous physical titles are not in the possession of the person applying for title. This ensures the vehicle has been sold, not stolen, and gives DMV the ability for proper chain of ownership, requiring previous owners who haven't titled as required to pay title fees, and state taxes as required by Idaho law. Investigators also audit Idaho dealers to ensure records are present, and accurate and comply with Idaho's laws.					
Z						
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?					
	2. Do you agree not to use the information for any purpose other than reasons stated on this application?					
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?					

Check all that apply
✓ I represent a government agency. Agency name: Idaho Transportation Department - DMV
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ✓ Yes □ N
 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
 □ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must
include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Vehicle Services Manager

June 24, 2016 - Ada County, Idaho

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



June 29, 2016

Washington DOL IVIPS Processing

The following is a list of Idaho Transportation Department, Division of Motor Vehicle Employees who will be requesting information from Washington DMV records, for purposes of researching motor vehicle title issues, such as ownership, odometers, brands, etc., prior to issuing an Idaho title. Motor Vehicle Investigators will also be researching records for dealer audits and investigations. Enclosed is the previous list of users submitted by the department for accessing records, typically by phone calls.

Brian Goeke, Dealer Operations/Motor Vehicle Investigations Supervisor Brian.goeke@itd.idaho.gov

Brendan Floyd, Motor Vehicle Investigator Lead Worker Brendan.floyd@itd.idaho.gov

Rick Ouellette, Motor Vehicle Investigator Rick.ouellette@itd.idaho.gov

Adrian Lindsay, Motor Vehicle Investigator Adrian.lindsay@itd.idaho.gov

Kris Branner, Motor Vehicle Investigator Kris.branner@itd.idaho.gov

Pat Henderson, Motor Vehicle Investigator Pat.henderson@itd.idaho.gov

Randy Squires, Motor Vehicle Investigator Randy.squires@itd.idaho.gov

Thea Wilcox, Motor Vehicle Investigator Thea.wilcox@itd.idaho.gov

Steve Allen, Motor Vehicle Investigator Steve.allen@itd.idaho.gov

Barry Takeuchi, Titles Program Specialist Barry.takeuchi@itd.idaho.gov

Chris Fisher, Registration Program Specialist Chris.fisher@itd.idaho.gov

Sharon Griffin, Registration Unit Supervisor Sharon.griffin@itd.idaho.gov

Debbie Whitefield, Titles Unit Supervisor Debbie.whitefield@itd.idaho.gov

Jeff Oien, Titles Unit Supervisor Jeff.oien@itd.idaho.gov

Barbara Kerr, Titles Unit Supervisor Barbara.kerr@itd.idaho.gov

None of the information obtained from Washington records will be released or resold to others. It is strictly for internal use in determining vehicle titling and dealer audits.

Sincerely,

Amy Smith

Vehicle Services Manager



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
✓ IVIPS (Individual record inquiri	es) Current IVIPS r	number, if applicable	
☐ Bulk vehicle/vessel records (Ba			One time Periodic Regular
PRINT or TYPE Company/Agency name	aton process) Trequ	acticy (check offe).	One time in renodic in regular
The state of the desired state of the state			
Contract contact/manager (IVIPS and Bulk record	ds accounts)	Signing Authority name (B	ulk records accounts only)
Elisa Miller			
	VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(206) 826-7606 elisam@salalc			
Physical address of business (Number and street, C			
1515 Dexter Ave N Seattle, WA 98			
Mailing address of business, if different (Address or			
PO BOX 19340, Seattle WA 98109-			
Provide one of Taxpayer Identification Num	nber (TIN)	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers: 2 Provide a detailed explanation of your primary but			601133761
Credit Union that does auto lending			
Check all that apply to you and/or your business		w	
☐ Attorney	☑ Lien service		Service bureau for another busines
☐ Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	☐ Neighborhood	block watch	Flovide business flame.
☐ Bail bonds	☐ Newspaper or		Storage facility
Bank or financing firm	☐ Non-profit orga		☐ Title/Escrow
☑ Business	☐ Parking enforce		☐ Toll facility
☐ Commercial parking company	☐ Private investi		☐ Towing company
☑ Credit union	☐ Process serve		☐ Transporter
☐ Data broker/Reseller	☐ Property mgm	t Government	Union (non-profit)
☐ Debt recovery/Collection	☐ Property mgm		☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer	☐ Repossession		☐ I represent a business that will
☐ Government	☐ Retail/Store		provide information to another part
☐ Guardianship/Trustee service	☐ School - Priva	te	Provide business names:
Homeowner association	School - Public		
☐ Hospital	Scrap process	or or wrecker	Other (explain)
Hulk hauler		ces - Government	
☐ Insurance company/agent	Security service	ces - Private	

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	Γο verify lienholder information
	Verify we have been perfected on title
-'	Verify registered owners
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	, , , , , , , , , , , , , , , , , , , ,
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	Then this year provide the information to recipiente. Explaint
6	Owner contact .
	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
	If title has not been perfected within reasonable timeframe
-I	f title has not been released for refinances and purchases
7	Answer the following
F	Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
	unsolicited business contact, or promoting the sale of any goods or services?

Check all that apply I represent a government agency. Agency name:	
Do you agree the information you receive will only be used for carrying out the functions of your agency?	in an official capacity and solely□ Yes □ No
 I represent a Washington State business. Attach legible your current business license any/all professional licenses that you possess 	
 □ I represent a business outside Washington State. If you Washington, attach a legible copy of either: • your current business license • a letter with a signature of the owner or authorized represented your Employer Identification Number (EIN) or Tax 	sentative indicating you are their agent. The letter must
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions 	· (1 × ·
 I represent a non-profit organization or corporation. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary Your Tax Exempt Status from the Internal Revenue Se Other documents reviewed and approved by the Depa Submit a letter with a signature of the business owner or agent. 	rvices (501)(c)(3) artment of Licensing Public Records Officer
 ☐ I represent a data broker/reseller – attach a legible copy IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements 	of your current business license.
 I am an attorney.* Attach legible copies of: your current business license your current bar card 	
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license 	
*Whenever an attorney or private investigator accesses a vel- to the vehicle owner. RCW 46.12.635	icle record in IVIPS, we will send a notification letter
Knowingly making a false statement or concealing a material representation to obtain any personal information from an incriminal fines under the DPPA and RCW 46.12.640	
By signing or typing your name, you are certifying under penalty the foregoing is true and correct.	of perjury under the laws of the state of Washington that
Title Title	Support Sr. Manager
Date and place (county) signed X Signature	Mr My
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 throwashington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 3	

We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

		Y"			
1	Legal business name	Contact name	Email	Telephone #	
	Salal Credit Union	Elisa Miller	elisam@salalcu.org	(206) 826-7606	
	Address, City, State, ZIP code	Subscriber's permissible use			
	1515 Dexter Ave N, Seattle, WA 98109	Registered owner verification			
	Does the subscriber provide information	to	lienholder information		
	an attorney or private investigator?	□ Yes ☑ No			
2	Legal business name	Contact name	Email	Telephone #	
	Salal Credit Union	Natasha Talavera	natashat@salalcu.org	(206) 826-7680	
	Address, City, State, ZIP code	Subscriber's permissible use	<u> </u>		
	1515 Dexter Ave N, Seattle, WA 98109		Registered owner verification		
	Does the subscriber provide information	to	lienholder information		
	an attorney or private investigator?		nomondo miormation		
3	Legal business name	Contact name	Email	Telephone #	
	Salal Credit Union	Jaclyn Burdette	jaclynb@salalcu.org	(206) 826-7644	
	Address, City, State, ZIP code		Subscriber's permissible use		
	1515 Dexter Ave N, Seattle, WA 98109		Registered owner verification		
	Does the subscriber provide information	to	lienholder information		
	an attorney or private investigator?	□ Yes ☑ No	nemoider information		
4	Legal business name	Contact name	Email	Telephone #	
	_				
	Address, City, State, ZIP code		Subscriber's permissible use		
	-	•			
	Does the subscriber provide information to				
an attorney or private investigator?					
5	Legal business name	Contact name	Email	Telephone #	
	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information	to			
	an attorney or private investigator?				
6	Legal business name	Contact name	Email	Telephone #	
	Address, City, State, ZIP code		Subscriber's permissible use		
L					
Does the subscriber provide information to					
an attorney or private investigator?					
7	Legal business name	Contact name	Email	Telephone #	
Į					
	Address, City, State, ZIP code		Subscriber's permissible use		
	Does the subscriber provide information t				
	an attorney or private investigator?	□ Yes □ No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO

UBI:

601133761

ACCOUNT OPENED:1/1/2006 12:00:00 AM

ACCOUNT CLOSED: OPEN

ENTITY NAME:

SALAL CREDIT UNION

BUSINESS NAME:

MAILING ADDRESS:

115 15TH AVE E

SEATTLE, WA 98112-5614

BUSINESS LOCATION:

115 15TH AVE E

SEATTLE, WA 98112-5209

ENTITY TYPE: CORPORATION

RESELLER PERMIT NO: N/A PERMIT EFFECTIVE:

NAICS CODE: 522130

NAICS DEFINITION CREDIT UNIONS

PERMIT EXPIRES: N/A

FOR NON-COMMERCIAL USE ONLY

5/18/2016 4:09 PM

① Online annual report filing for profit corporations and LLCs will be **unavailable from**May 25 to June 5. Be sure to file your annual report before that time! Read more...

(/corps/BLS-Online-Reporting-Unavailable-May-25-to-June-5.aspx)

SALAL CREDIT UNION

UBI Number	601133761				
Category	CRU				
Profit/Nonprofit	Nonprofit				
Active/Inactive	Active				
State Of Incorporation	WA				
WA Filing Date	12/10/1948				
Expiration Date					
Inactive Date					
Duration	Perpetual				
Registered Agent Information					
Agent Name					
Address					
City					
State					
ZIP					
Special Address Information	Special Address Information				
Address	C/O W A MACCOLL MD 115 15TH E				
City	SEATTLE				
State	WA				
Zip	98112 ·				



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

			y vary for bulk records.
Method of access you are requesting			
IVIPS (Individual record inquire	ies) Current IVIPS	number, if applicable	
☐ Bulk vehicle/vessel records (B	Batch process) Freq	uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name		,, , , , , ,	The same and the s
Luxury Auto Plex LLC			
Contract contact/manager (IVIPS and Bulk record Misty Oki	rds accounts)	Signing Authority name (B	ulk records accounts only)
(Area code) Phone number Email (required for (971) 255-2606 mistyoki@yah	IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, C	city, State, ZIP code)		
3515 NE Sandy Blvd Portland, OR	97232		
Mailing address of business, if different (Address or 8659 SW 168th Ave, Beaverton, OF			
Provide one of Taxpayer Identification Num		er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:		(2017)	The Common Securious Identifier (ODI)
2 Provide a detailed explanation of your primary b	usiness activity (exactly what y	nur husiness does)	
Check all that apply to you and/or your business			
Attorney	☐ Lien service		 Service bureau for another business
Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	Neighborhood		
☐ Bail bonds	Newspaper or		Storage facility
Bank or financing firm	☐ Non-profit orga		Title/Escrow
Business	Parking enforce		Toll facility
Commercial parking company	Private investi		Towing company
Credit union	☐ Process serve		Transporter
☐ Data broker/Reseller		t Government	Union (non-profit)
Debt recovery/Collection	Property mgm		Vehicle/Vessel dealer
Employer Prospective employer	Repossession	service	I represent a business that will
☐ Government	☐ Retail/Store		provide information to another party
☐ Guardianship/Trustee service	School - Priva		Provide business names:
☐ Homeowner association	School - Public	С	
☐ Hospital	Scrap process		Other (explain)
Hulk hauler		ces - Government	
☐ Insurance company/agent	☐ Security service	ces - Private	

4 Explain in de	tail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
We would been perfec	like to have a way to verify that our customers have completed their vehicle registration and that liens have ted on titles.
5 Dadicala	
	and/or selling of information
	sell or provide the information to anyone else?
	o will you provide or sell the information?
The relea recipients	se and redisclosure of personal information is restricted by state and federal laws. How do you ensure are entitled to personal information under these laws?
How will y	ou provide the information to recipients? Explain.
Owner contac	
Unsolicite	ontact the vehicle/vessel owner?
	will you contact the owner and how will you contact them?
We would comphone first, to customers.	ontact the owner if they have not made it in to complete their registration. We would contact them by then by mail if no response from phone. We would only use the system to verify transactions on our own
Answer the following	owing
1. Do you	agree not to sell or provide the information to any third party that has not been disclosed of this application?
2. Do you	agree not to use the information for any purpose other than reasons stated on this
applicat 3. Do you	tion?

8 Check all that apply	
☐ I represent a government agency. Agency name:	
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?	□ No
 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess 	
 ✓ I represent a business outside Washington State. If your business is not required to be licensed in the state Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). 	
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions 	
 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent. 	
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements 	
 I am an attorney.* Attach legible copies of: your current business license your current bar card 	
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license 	
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification to the vehicle owner. RCW 46.12.635	etter
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to fed criminal fines under the DPPA and RCW 46.12.640 By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington	
the foregoing is true and correct. Office Manager	
6/9/2016	-

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

VEHICLE DEALER CERTIFICATE

SUPPLEMENTAL

DA3829

EFFECTIVE: DECEMBER 11, 2014

EXPIRES: JUNE 30, 2016

Issued To:

LUXURY AUTO PLEX LLC 3515 NE SANDY BLVD PORTLAND OR 97232

provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040 This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the

location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050. To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other

Driver and Motor Vehicle Services
Department of Transportation

alem OR 97314

* ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE

MEMORANDUM	RECEIF	T
DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES	1668	
9905 LANA AVE NE, BALEM OR 97314 STATEMENT OF FEES - NOT A LICENSE	TO DRIVE	
NAME		
Luxury Auto Plex UC		
8659 SW 168th	Ave	
FAX NUMBER () Regiver ton	DP 97	1007
PLATE NUMBER YEAR AND MAKE OF VEHIC		
VEHICLE IDENTIFICATION NOMBER	w.d	
SUPP: 3515 NE Sandy	SVO	
DRIVER LICENSE NUMBER	F BIRTH	
SR 22 CERTIFICATE POLICY #		
EFFECTIVE DATE INSURANCE COMPANY		
DESCRIPTION	AMOUNT RE	CEIVED
ISSUED: TRIP PERMIT STICKERS		
VIN INSPECTION		
REINSTATEMENT / HARDSHIP FEE		
CDL TEST FEE: CORE AB SB PASS HAZ TNK DBL/TPL	-	
DRIVE TEST FEE: REG-C A B C		
RECORD PURCHASE: CP Non-C SMP VEH LOA POA RECORD RECORD MAILED PICKUP HQ MQ CP FAXED		
OTHER:	1819	
Ranew dealers Lich plate	S	
CASH CHECK TOTAL	1819	-
DATE AND COUNTER NUMBER 75 RECEIVED B	Y	

735-690 (1-15)

STK# 305322



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting IVIPS (Individual record inquiri	es) Current IVIPS nur	mher if applicable	
☐ Bulk vehicle/vessel records (B	-		One time 🗵 Periodic 🗌 Regular
PRINT or TYPE Company/Agency name	Trouble of Trouble	ity (oncon onc).	One time at renodic in Regular
Guad Cities Nisso	in		
Contract contact/manager (IVIPS and Bulk record		Signing Authority name (Bu	ulk records accounts only)
Gayle Rossebo			
(Area code) Phone number Email (required for to 1)	IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, C	adcitios hissan.	om	
		913	
Mailing address of business, if different (Address or		2043	
, and the second of the second	o box, only, otale, 211 code)		
Provide one of Taxpayer Identification Num	nber (TIN) Employer id	dentification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
Provide a detailed explanation of your primary bu	isiness activity (exactly what your	business does).	10 m 10
we are a Dealersh	1115:00 2611 (Lang aria a	150 rave a parts
and Service Depart	ment		
3 Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		Service bureau for another business
Auction	☐ Marina		
Auto manufacturer or agent	☐ Neighborhood bl	lock watch	
			Provide business name:
☐ Bail bonds			Provide business name:
☐ Bank or financing firm	Newspaper or m	edia	
☐ Bank or financing firm ☐ Business	□ Newspaper or m□ Non-profit organ□ Parking enforcer	nedia Ization ment	Provide business name: Storage facility
☐ Bank or financing firm ☐ Business ☐ Commercial parking company	□ Newspaper or m□ Non-profit organ□ Parking enforcer□ Private investiga	nedia Ization ment	Provide business name: Storage facility Title/Escrow
 □ Bank or financing firm ☑ Business □ Commercial parking company □ Credit union 	□ Newspaper or m□ Non-profit organ□ Parking enforcer□ Private investiga□ Process server	nedia Ization ment Itor	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter
 □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller 	Newspaper or m Non-profit organ Parking enforcer Private investiga Process server Property mgmt.	nedia ization ment tor - Government	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit)
□ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection	Newspaper or m Non-profit organ Parking enforcer Private investiga Process server Property mgmt	nedia ization ment tor Government - Grivate	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
 □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer 	Newspaper or m Non-profit organ Parking enforcer Private investiga Process server Property mgmt Property mgmt	nedia ization ment tor Government - Grivate	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
 □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer □ Government 	Newspaper or m Non-profit organ Parking enforcer Private investiga Process server Property mgmt Property mgmt Repossession se	nedia ization ment tor Government - Grivate	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party
□ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer □ Government □ Guardianship/Trustee service	Newspaper or m Non-profit organ Parking enforcer Private investiga Process server Property mgmt Property mgmt Repossession se Retail/Store School - Private	nedia ization ment tor Government - Grivate	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
 □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer □ Government 	Newspaper or m Non-profit organ Parking enforcer Private investiga Process server Property mgmt. Property mgmt. Repossession se Retail/Store School - Private	nedia ization ment tor Government Private ervice	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names:
□ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer □ Government □ Guardianship/Trustee service □ Homeowner association	Newspaper or m Non-profit organ Parking enforcer Private investiga Process server Property mgmt Property mgmt Repossession se Retail/Store	redia ization ment tor Government - Private ervice	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
ī	He need vehicle/vessel information for portacion
	We need vehicle/vessel information for proof of leinholder info- motion. I have attached a lienholder request in witch case we fould access the online portal and be able to avoid filling
- \	motion. I have attached to come in witch case we
16	wild access the online portar and be able to avoid filling
- 17	IL THE FORM WHO MOUNTAINS IT OUT WING WHOWING IN AGES
	for a response.
7	tol or response.
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else? □ Sell ☑ Provide □ No
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain. We would provide the infor-
18	nation to the incomment to recipients: Explain. We would provide the mitor-
1,	nation to the legalowner/leinholder as Proof of placement as
14	the lienholder.
6	Ourse
6	Owner contact
	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
	yes, any am yes sentast the owner and now will you contact them?
7	Answer the following
-4,	
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
	unsolicited business contact, or promoting the sale of any goods or services?
	Yes No



FAX

TO:	FROM:	
SEAN KEALEY	Westlake Title Department	
FAX:	FAX:	
2088833444	(877) 854-5682	
PHONE:	PHONE:	
2083016171	(888) 211-6010	
SUBJECT:	DATE:	
Validated Registration - 9773152	05/17/2016	

COMMENTS:

May 17, 2016

Account: 9773152

Customer Name: HERRERA JENNIFER

Dear Westlake Dealer:

We have received your VR/Proof of Lien fax. Unfortunately, we cannot process the VR because it is incomplete or incorrect.

Please make the following corrections and refax the VR/Proof of Lien to (877) 854-5682:

Vehicle Title App/Reg. Certificate, Online Registration, or IVIPS Confirmation needed

Sincerely,

Westlake Title Department

You are receiving this fax/email as a registered Westlake Dealer. To be removed from our notification list, please call 1(888) 893-7937 and leave your dealership name and fax number OR fax 1 (888) 267-1056 ATTN: Marketing with your dealership name and fax number. Should you choose to opt-out you will no longer receive rate sheets, policy and program changes, contact information or any other materials deemed "promotional" by Westlake Financial Services. Westlake Financial Services, 4751 Wilshire Blvd., Suite 100, Los Angeles, CA 90010

Check all that apply I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
I represent a Washington State business. Attach legible copies of: • your current business license • any/all professional licenses that you possess
 ✓ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license
a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
 □ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Controller
Date and place (county) signed X Signature
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Idaho Transportation Department VEHICLE / VESSEL DEALER LICENSE

License Number: 4884–0 Issue Date: 11–10–2015 Expiration Date: 07-31-2016 Sales Tax Permit Number: 004657840
Surety Company: WESTERN SURETY COMPANY
Bond Amount: \$20,000 Bond Number:71689698
Owners/Officers: RUSSELL, CHRISTOPHER M

The dealer listed has met the requirements of Idaho Code Title 49, Chapter 16, and is authorized to engage in the business of selling or exchanging the following types of vehicles:

NISSAN, ANY USED VEHICLE OR VESSEL

DBA

Dealership Name: QUAD CITIES NISSAN
Dealership Location: 525 W 3RD ST
Mailing Address: 525 W 3RD ST
MOSCOW

ID 83843



PHONE/FAX: 801-230-9146

MUST BE POSTED IN PUBLIC VIEW

Date of this notice: 06-02-2015

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

CR AND S HOLDINGS LLC QUAD CITIES NISSAN % CHRIS M RUSSELL SOLE MBR 532 W 3RD ST MOSCOW, ID 83843

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4156524. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 Form 940

10/31/2015 01/31/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial



Vehicle/Vessel Contract Application

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Method of access you are requesting			
IVIPS (Individual record inquiri	es) Current IVIPS r	number, if applicable	
☐ Bulk vehicle/vessel records (B.		uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			Trogata
ADESA Portland			
Contract contact/manager (IVIPS and Bulk record	ds accounts)	Signing Authority name (Bi	ulk records accounts only)
Theresa Ouderkirk			
	VIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(503) 492-9200 theresa@bras			
Physical address of business (Number and street, Ca			
23585 NE Sandy Blvd Wood Villa	age, Or 97060		
Mailing address of business, if different (Address or I	PO Box, City, State, ZIP code)		
Provide one of Taxpayer Identification Num	nber (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
hese identifiers: Provide a detailed explanation of your primary bu			
☐ Attorney	☐ Lien service		
Attorney Z Auction	☐ Marina		Service bureau for another busines Provide business name:
☐ Attorney Z Auction ☐ Auto manufacturer or agent	☐ Marina☐ Neighborhood		Provide business name:
☐ Attorney Z Auction ☐ Auto manufacturer or agent ☐ Bail bonds	☐ Marina☐ Neighborhood☐ Newspaper or	media	Provide business name: Storage facility
Attorney Z Auction Auto manufacturer or agent Bail bonds Bank or financing firm	☐ Marina ☐ Neighborhood ☐ Newspaper or ☐ Non-profit orga	media anization	Provide business name: Storage facility Title/Escrow
Attorney Z Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business	☐ Marina ☐ Neighborhood ☐ Newspaper or ☐ Non-profit orga ☐ Parking enforc	media anization cement	Provide business name: Storage facility Title/Escrow Toll facility
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company	☐ Marina ☐ Neighborhood ☐ Newspaper or ☐ Non-profit orga ☐ Parking enforc ☐ Private investig	media anization cement gator	Provide business name: Storage facility Title/Escrow Toll facility Towing company
Attorney Z Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union	☐ Marina ☐ Neighborhood ☐ Newspaper or ☐ Non-profit orga ☐ Parking enforc ☐ Private investig ☐ Process serve	media anization cement gator r	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter
Attorney Z Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller	☐ Marina ☐ Neighborhood ☐ Newspaper or ☐ Non-profit orga ☐ Parking enforc ☐ Private investig ☐ Process serve ☐ Property mgm	media anization cement gator er ct Government	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit)
Attorney Z Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection	☐ Marina ☐ Neighborhood ☐ Newspaper or ☐ Non-profit orga ☐ Parking enforc ☐ Private investig ☐ Process serve ☐ Property mgm ☐ Property mgm	media anization cement gator er et Government et Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
Attorney Z Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer	☐ Marina ☐ Neighborhood ☐ Newspaper or ☐ Non-profit orga ☐ Parking enforc ☐ Private investig ☐ Process serve ☐ Property mgm ☐ Property mgm ☐ Repossession	media anization cement gator er et Government et Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government	Marina Neighborhood Newspaper or Non-profit orga Parking enforc Private investig Process serve Property mgm Property mgm Repossession Retail/Store	media anization cement gator it Government t Private service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another part
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service	Marina Neighborhood Newspaper or Non-profit orga Parking enforc Private investig Process serve Property mgm Property mgm Repossession Retail/Store School - Privat	media anization cement gator it Government service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service Homeowner association	Marina Neighborhood Newspaper or Non-profit orga Parking enforc Private investig Process serve Property mgm Property mgm Repossession Retail/Store School - Privat	media anization cement gator it Government service	Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another part Provide business names:
Attorney Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer Government Guardianship/Trustee service	Marina Neighborhood Newspaper or Non-profit orga Parking enforc Private investig Process serve Property mgm Property mgm Repossession Retail/Store School - Privat School - Public Scrap process	media anization cement gator it Government service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another part

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
-	To verify vehicle registered owner information
	To verify registered leins on vehicles
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else? □ Sell □ Provide ☑ No
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	700, The Thin 700 provide of Self the Information:
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	· · · · · · · · · · · · · · · · · · ·
6	Owner contact
	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
7	Answer the following
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
	unsolicited business contact, or promoting the sale of any goods or services?

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information	to		
	an attorney or private investigator?	□Yes □ No		
	Legal business name	Contact name	Email	Telephone #
			Littair	releptione #
2	Address, City, State, ZIP code	4	Subscriber's permissible use	
	Does the subscriber provide information	10		
	an attorney or private investigator?	□Ves □No		
-	Legal business name	Contact name		
		Contact name	Email	Telephone #
	Address, City, State, ZIP code			
3	Address, Oily, State, Zir Code		Subscriber's permissible use	
	Doos the subscriber provide information	4-	4	
	Does the subscriber provide information	10		
-	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
	Addition O'l Out 719			
4	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information	to —		
	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information			
	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to			
	an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
		<u></u>		
7	Address, City, State, ZIP code		Subscriber's permissible use	
-				
	Does the subscriber provide information	to		
	an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

8 Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
I am a process server. Attach legible copies of:
 I represent a non-profit organization or corporation. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington the the foregoing is true and correct.
OFFICE MANAGER Title
APRIL 28, 2016 MULTNOMAH Date and place (county) signed X THERESA OUDERKIRK Signature
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

We are committed to providing equal access to our services. If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.

ADESA Portland 23585 NE Sandy Blvd Wood Village, OR 97060 503-492-9200 f 503-492-0115

To: Washington State Department of Licensing

April 28, 2016

Re: Authorized Representative for ADESA Portland IVIPS account

EIN

Please accept this as our authorization for Theresa Ouderkirk to act as the agent for our IVIPS account.

Thank You,

Jerry Kinton

ADESA Portland

General Manager

503-492-9200



Kearns Investigations, Inc. 31811 Pacific HWY. S. Suite B-406

31811 Pacific HWY. S. Suite B-406 Federal Way, WA 98003 (206) 256-6452 • f (206) 429-3789 Email: kearns@oz.net

FAX (206) 429-3789

DATE: 4-18-16 TO: = 7/185	TIME: _	Georgia
RE: Contract		
Number of pages including cove	er sheet	:
Please acknowledge reciept of I		
If you experience any problems	with th	is transmission please
contact, (206) 256-6452.		in in including picture





Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting			
IVIPS (Individual record inquirie	s) Current IVIPS nur	nber, if applicable	
☐ Bulk vehicle/vessel records (Ba	tch process) Frequen	ncy (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name	1		
KEARNS LNVESTIGA	tions, Inc		
Contract contact/manager (IVIPS and Bulk records		Signing Authority name (B	ulk records accounts only)
GEORGIA G. KEARNS			
(Area code) Phone number Email (required for IV	(IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
106-156-6452 KEARNSQ	oz net		
Physical address of business (Number and street, City		. 1	
1524 S. 328 th E403	FEDERAL MAY	, WA 98002	3
Mailing address of business, if different (Address or P	O Box, City, State, ZIP code)	F-7	1 1/2
3/8/1 PACITIC HWY S. S	vite 13-406	FEDERAL	WAY WA. 98003
Provide one of Taxpaver Identification Numb	per (TIN) Employer k	dentification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			601 003 344
2 Provide a detailed explanation of your primary bus	siness activity (exactly what your	business does)	
INVESTIGATIONS P	or CLIENTS, AL	torneys OR B	usinesses For
LEGAL Purposes			
NEGITE V			
3 Check all that apply to you and/or your business			
Check all that apply to you and/or your business		4	_
☐ Attorney	Lien service		Service bureau for another business
☐ Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	Neighborhood b	lock watch	
☐ Bail bonds	☐ Newspaper or m	edia	☐ Storage facility
☐ Bank or financing firm	☐ Non-profit organ	ization	☐ Title/Escrow
Business	Parking enforcer	ment	☐ Toll facility
☐ Commercial parking company	Private investiga	tor	☐ Towing company
☐ Credit union	Process server		☐ Transporter
☐ Data broker/Reseller	☐ Property mgmt.	- Government	☐ Union (non-profit)
☐ Debt recovery/Collection	☐ Property mgmt.		☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer	☐ Repossession s		☐ I represent a business that will
☐ Government	☐ Retail/Store		provide information to another party
☐ Guardianship/Trustee service	☐ School - Private		Provide business names:
☐ Homeowner association	☐ School - Public		
☐ Hospital	☐ Scrap processor	or wrecker	Other (explain)
☐ Hulk hauler	☐ Security service		(
☐ Insurance company/agent	☐ Security service		

To LOCATE A CUrrent Address FOR SERVICE OF LEGAL PAPERS
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else?
If yes, who will you provide or sell the information? To ATTORNEY CLIENT IF LEGAL Process SVC has been made AT REQUEST OF CLIENT.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws? LEGAL PAPERS for Scivice List Court issuing PAPERS, CASE # And Particulars of CASE
How will you provide the information to recipients? Explain. Copy of Notarized Aff. of Sic. Will be provided to Attorney Client
Will you contact the vehicle/vessel owner? ONLY To Serve Legal Process Yes No Unsolicited business contact for commercial purposes is strictly prohibited. If yes, why will you contact the owner and how will you contact them? Service of Process
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
Do you agree not to use the information for any purpose other than reasons stated on this application?

overnment agency. Agency name:
the functions of your agency?
business license ssional licenses that you possess usiness outside Washington State. If your business is not required to be licensed in the state o
tach a legible copy of either: business license a signature of the owner or authorized representative indicating you are their agent. The letter mus
Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
s server. Attach legible copies of:
business license ssional licenses that you possess or county jurisdictions
on-profit organization or corporation.
ble copy of one of the following: les of Incorporation, filed with the Secretary of State
Exempt Status from the Internal Revenue Services (501)(c)(3)
uments reviewed and approved by the Department of Licensing Public Records Officer er with a signature of the business owner or authorized representative indicating you are their
ata broker/reseller - attach a legible copy of your current business license.
ts must also include:
oster (provided on page 4) greements
ey.* Attach legible copies of:
business license
bar card
investigator.* Attach legible copies of:
Private Investigator license business license

the foregoing is true and correct.

President - Oroner

Date and place (county) signed

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

IVIPS Use and Disclosure Contract Attachment B User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE OF PRINT Business name	IVIPS account number
Kearns Investigations, Inc.	
1. TYPE or PRINT Employee name	Liser sub-account number
Georgia G. Kearns	
2. Employee name	User sub-account number
Barbara L. Gaylord	
3. Employee name	User sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
12. Employee frame	Oser sub-account number
13. Employee name	User sub-account number
1,7	
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
40 E	Unanari acceptante
19. Employee name	User sub-account number
20. Employee name	User sub-account number
20, Employee name	OSCI Sub-decoditi ildinisei

This form may be duplicated.



Records and Licensing Services Division

Department of Executive Services King County Administration Building 500 Fourth Avenue, Room 403 Seattle, WA 98104-2337

206-296-2710 Fax 206-296-4029 TTY Relay: 711

2016/2017

Process Server Registration

Fee:

\$10.00

License No. 437670

Receipt No. 3555695 Date pd: 2/24/2016

Issued: 2/24/2016

Expires:

3/7/2017

Licensee: Georgia Gail Kearns

Company KEARNS INVESTIGATIONS

Address: 31811 Pacific Hwy South Suite B-406

Federal Way, WA 98003

Eddhe Catre.

Not Transferable - Post Conspicously At Location



2016/2017

King County

Records and Licensing Services Division

2016/2017

500 Fourth Avenue, Room 403, Seattle, WA 98104-2337 * 206-296-2710

Process Server Registration

Expires: 3/7/2017

Georgia Gail Kearns

\$10.00 Receipt No 3555695

Date pd:

2/24/2016

Issued:

2/24/2016

License No. 437670

31811 Pacific Hwy South Suite B-406 Federal Way, WA 98003

KEARNS INVESTIGATIONS





Records and Licensing Services Division

Department of Executive Services King County Administration Building 500 Fourth Avenue, Room 403 Seattle, WA 98104-2337

206-296-2710 Fax 206-296-4029 TTY Relay: 711

2016/2017

Process Server Registration

Fee: \$10.00 License No. 594386

Receipt No. 3555686 Date pd: 2/24/2016 Issued: 2/24/2016

Expires:

3/7/2017

Licensee: Barbara Ladelle Gaylord

Company KEARNS INVESTIGATIONS

Address: 31811 Pacific Hwy South Suite B406

Federal Way, WA 98003

Edde Cutic.

Not Transferable - Post Conspicously At Location

2016/2017

King County

2016/2017

Records and Licensing Services Division

500 Fourth Avenue, Room 403, Seattle, WA 98104-2337 * 206-296-2710

Process Server Registration

Expires: 3/7/2017

Fee:

\$10.00

Receipt No 3555686

Date pd:

2/24/2016

Issued:

2/24/2016

License No. 594386

Edde Cutic



City of Seattle Customer #: 106517 State of Washington UBI #: 601003344

Tax period: Annual* Tax Reporting: Separate

Expiration Date

BUSINESS LICENSE TAX CERTIFICATE

12/31/2016

* Annual tax return due: Jan 31 IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

> KEARNS INVESTIGATIONS INC 31811 PACIFIC HWY S # B-406 FEDERAL WAY, WA 98003

Not Transferable

Post Conspicuously



6

Business License Tax Certificate THE CITY OF SEATTLE 12/31/2016

Dept. of Finance and Administrative Services

700 5th Avenue Suite 4250 P.O. BOX 34214 Seattle WA 98124-4214 (206) 684-8484 Fax (206) 684-5170

email: tax@seattle.gov website: seattle.gov/licenses

BUSINESS MAILING ADDRESS:

106517 000 11

KEARNS INVESTIGATIONS INC 31811 PACIFIC HWY S # B-406 FEDERAL WAY, WA 98003



LEGAL ENTITY REGISTRATION

Unified Business ID #: 601 003 344

Business ID #: 1

Expires: 01-31-2017

KEARNS INVESTIGATIONS, INC. 31811 PACIFIC HWY S STE B406 FEDERAL WAY WA 98003 5646

Domestic Profit Corporation Renewed by Authority of Secretary of State

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of Sta



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/8/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT Raymond Dawson	
InsuranceTek, Inc.		PHONE (A/C, No, Ext): (888) 505–1555 (A/C, No): (800):	521-1528
CA #0E32789		E-MAIL ADDRESS: Ray@Insurance-tek.com	
PO Box 70		INSURER(S) AFFORDING COVERAGE	NAIC#
Snohomish V	WA 98291-0070	INSURER A: Western Heritage Ins Co	
INSURED		INSURER B:	
Kearns Investigations	s, Inc.	INSURER C:	
31811 Pacific Hwy S		INSURER D:	
		INSURER E:	
Federal Way	WA 98003	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:CL1541445	REVISION NUMBER:	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
-110	GENERAL LIABILITY	III	*****				EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR			SCP0988600-725	6/1/2015	6/1/2016	MED EXP (Any one person)	\$	5,000
-	X PROFESSIONAL E&O						PERSONAL & ADV INJURY	\$	1,000,000
	X BLANKET ADDL INSURED					\rightarrow \triangle	GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	INCLUDE
	X POLICY PRO- LOC						PROFESSIONAL E&O	\$	1,000,00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS AUTOS						(1 of desident)	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1 5					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Verification of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Vicki Boser/JUDWIL Vicki & Boser

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS AN



PRINCIPAL UNARMED PRIVATE INVESTIGATOR

FEDERAL WAY WA 98003 31811 PACIFIC HWY S STE B GEORGIA G KEARNS KEARNS INVESTIGATIONS INC

Issued Date 04/16/1992

Cert/Lic No 1776

Expiration Date 01/31/2017

Termination Date_

Licensee Released -

Put Kohler, Director + Korer

PL-630-159 (R/6/13)

STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS AN



UNARMED PRIVATE INVESTIGATOR

31811 PACIFIC HWY S STE B FEDERAL WAY WA 98003 BARBARA L GAYLORD KEARNS INVESTIGATIONS INC

Termination Date

Licensee Released -

Cert/Lic No.

Issued Date

07/20/1992

Expiration Date

07/20/2016

Pat Kohler, Director Kohler

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PL-630-159 (R/6/13) 五日 有一日 日本

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
IVIPS (Individual record inquirie)	s) Current IVIPS n	umber, if applicable	
☐ Bulk vehicle/vessel records (Ba	tch process) Frequ	iency (check one):	One time 🗹 Periodic 🗌 Regular
PRINT or TYPE Company/Agency name			
Lawyers Title Company/Commons	wealth Land Title In	nsurance Company	
Contract contact/manager (IVIPS and Bulk records	accounts)	Signing Authority name (B	ulk records accounts only)
Nikki Dekterov			
(Area code) Phone number Email (required for IV	IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(951) 774-0825 nikki.dekterov(@ltic.com		
Physical address of business (Number and street, City	, State, ZIP code)		
3480 Vine Street Suite 100, River	side, Ca. 92507		
Mailing address of business, if different (Address or P	O Box, City, State, ZIP code)		
Provide one of Taxpayer Identification Numb	per (TIN) Employe	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
Provide a detailed explanation of your primary bus	siness activity (exactly what y	our business does).	
Check all that apply to you and/or your business Attorney Auction	☐ Llen service ☐ Marina		Service bureau for another business Provide business name:
☐ Auto manufacturer or agent	Neighborhood		
☐ Bail bonds	Newspaper of		Storage facility
☐ Bank or financing firm	☐ Non-profit org		☐ Title/Escrow
Business	Parking enfor		Toll facility
Commercial parking company	Private investi	•	Towing company
Credit union	☐ Process serve		☐ Transporter
☐ Data broker/Reseller		nt Government	☐ Union (non-profit) ☐ Vehicle/Vessel dealer
☐ Debt recovery/Collection	☐ Property mgm		☐ I represent a business that will
Employer/Prospective employer	☐ Repossession ☐ Retail/Store	I Selvice	provide information to another part
Government	School - Priva	ota	Provide business names:
Guardianship/Trustee service	School - Priva		Floride publifess likilles.
Homeowner association		sor or wrecker	☑ Other (explain)
☐ Hospital		ces - Government	Title Insurance and Escrow company
Hulk hauler	Security servi		This manualle and Lakina company
☐ Insurance company/agent	☐ Security servi	CES - FIIVALE	

4	Explain in detail why you need vehicle/vessel Information. Give examples. Attach additional pages if necessary. To check Title Elimination for Real Estate.
	Transactions
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	· ·
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	Tion will you provide the internation of temperature and the second of t
6	Owner contact Will you contact the vehicle/vessel owner? Yes V No
	Will you contact the vehicle/vessel owner?
	If yes, why will you contact the owner and how will you contact them?
	in you, why will you contact the care and the care in your
7	Answer the following
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application? ✓ Yes ☐ No
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	upselicited business contact or promoting the sale of any goods or services? Yes No

Ì	Cneck all that apply	
	☐ i represent a government agency.	Agency name:
	for carrying out the functions of your	ceive will only be used in an official capacity and solely agency?
	 I represent a Washington State but your current business license any/all professional licenses that y 	you possess
	Washington, attach a legible copy of	
	a tetter with a signature of the own	ner or authorized representative indicating you are their agent. The letter must on Number (EIN) or Taxpayer Identification Number (TIN).
	I am a process server. Attach legible	le copies of:
	 your current business license any/all professional licenses that y registration for county jurisdictions 	you possess s
	☐ I represent a non-profit organizati	on or corporation.
	 Attach a legible copy of one of the Your Articles of Incorporation, f 	e following: Glad with the Secretary of State
	 Your Tax Exempt Status from the 	ne Internal Revenue Services (501)(c)(3)
	 Other documents reviewed and 	d approved by the Department of Licensing Public Records Officer the business owner or authorized representative indicating you are their
	☐ I represent a data broker/reseller	- attach a legible copy of your current business license.
	IVIPS applicants must also include:	
	 subscriber roster (provided on pa subscriber agreements 	ge 4)
	☐ I am an attorney.* Attach legible co	pies of:
	 your current business license 	
	your current bar card	1. When a single of
	 I am a private investigator.* Attach your current Private Investigator I 	legible copies of:
	 your current business license 	ice no o
t	Whenever an attorney or private inves o the vehicle owner. RCW 46.12.635	tigator accesses a vehicle record in IVIPS, we will send a notification letter
e	presentation to obtain any personal ir iminal fines under the DPPA and RCW	
B _j	y signing or typing your name, you are c e foregoing is true and correct.	ertifying under penalty of perjury under the laws of the state of Washington tha
		County Manager/Vice President
	-8-16 Riverside County	X Kent Koepsell
а		

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

AMENDED No. 1215

Certificate of Authority

STATE OF WASHINGTON INSURANCE COMMISSIONER OLYMPIA

THIS IS TO CERTIFY, That

COMMONWEALTH LAND TITLE INSURANCE COMPANY Omaha, Nebraska

organized under the laws of <u>NEBRASKA</u> presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Title

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.



Redomesticated from Pennsylvanta to Nebraska.

IN WITNESS WHEREOF, effective as of the 24th day of October, 1978, I have hereunto set my hand and caused my official seal to be affixed this 22nd day of August, 2006.

Mike Kreidler

Insurance Conunissianer

Deputy Insurance Commissione



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

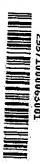
Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee, Setup and maintenance fees may vary for bulk records.

 Method of access you are requesting ✓ IVIPS (Individual record inquiries) 	s) Current IVIPS r	number, if applicable	
☐ Bulk vehicle/vessel records (Ba	tch process) Frequ	uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name Ukrainain Federal Credit Union			
Contract contact/manager (IVIPS and Bulk record	s accounts)	Signing Authority name (Bi	ulk records accounts only)
Tanya Dashkevich	,,		
(Area code) Phone number Email (required for N (585) 360-1733 tdashkevich@r	/IPS and Bulk records) ufcu.org	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, Cit 1414 S 324th St #B108, Federal Way			
Mailing address of business, it different (Address or F 824 East Ridge Rd, Rochester, NY 1	O Box, City, State, ZIP code)		
Provide one of these identifiers:		er identification Number (EiN)	WA Unified Business Identifier (UBI)
3 Check all that apply to you and/or your business			
☐ Attorney ☐ Auction	☐ Lien service ☐ Marina		Service bureau for another business Provide business name:
☐ Auto manufacturer or agent	Neighborhood		
Bail bonds	Newspaper or		Storage facility
Bank or financing firm	☐ Non-profit org		Title/Escrow
Business	☐ Parking enforce		Toli facility
Commercial parking company	☐ Private investi	•	☐ Towing company ☐ Transporter
 ☑ Credit union ☐ Data broker/Reseller 		it Government	Union (non-profit)
Debt recovery/Collection	☐ Property mgm		☐ Vehicle/Vessel dealer
Employer/Prospective employer	Repossession		☐ I represent a business that will
Government	☐ Retail/Store		provide information to another party
Guardianship/Trustee service	School - Priva	te	Provide business names:
Homeowner association	School - Publi		
☐ Hospital	Scrap process		Other (explain)
☐ Hulk hauler	Security serving	ces - Government	
Incurance company/agent	Security servi	ces - Private	

Ľ	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
V	We provide financing for commercial and consumer vehicles thus need to verify lien filing/title issuing status.
·	,
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ŀ	
=	Redisclosure and/or selling of information
5	
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
'	
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	\cdot
	How will you provide the information to recipients? Explain.
6	Owner contact
	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
	We occasionally might need to contact our customers if liens are not recorded or if there are issues with title, etc. If
li	en is recorded and title is provided to us then we will not be contacting our customers.
53	Answer the following
	•
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application? 🗹 Yes 🗆 No
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
ı	unsolicited business contact, or promoting the sale of any goods or services?

Chards all that and to
8 Check all that apply
☐ I represent a government agency. Agency name:
 ✓ I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
 □ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: • your current business license • a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Title 2
3/36/2016 X J. Date and place (county) signed Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



UKRAINIAN FEDERAL CREDIT UNION 824 E RIDGE RD ROCHESTER NY 14621-1711



DETACH BEFORE POSTING

000063



WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 376 768

Business ID #: 1 Location: 1

UKRAINIAN FEDERAL CREDIT UNION 11208 NE FOURTH PLAIN BLVD VANCOUVER WA 98662 5769

TAX REGISTRATION INDUSTRIAL INSURANCE UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



New York State Department of Taxation and Finance

Exempt Organization Certificate

ST-119

(8/02

The organization named below is exempt from payment of the New York State and local sales and use tax.

The number shown on this certificate must be entered on any Form ST-119.1, Exempt Organization Exempt Purchase Coultrate Presented to a vendor. If this certificate is lost or destroyed, you may obtain a replacement by notifying the Exempt Organizations Unit.

This certificate will remain in effect unless it is revoked or canceled. Misuse of the authority granted under this certificate will result in the revocation of exempt status and subject the organization to substantial civil and criminal penalties.

UKRANIAN FEDERAL CREDIT UNION 824 RIDGE ROAD ROCHESTER, NY 14621

Certificate number

EX 129722

Date Issued June 01, 1971

This certificate may not be altered, changed, lent, or transferred to another organization or person.



New York State Department of Taxation and Finance

New York State and Local Sales and Use Tax

Exempt Organization Exempt Purchase Certificate

Single purchase certificate Blanket certificate		not you	empt organization or federal employ cation number (so	er	Exempt organiza	tion num York State	ber (6-digit number Tax Department)
Name of seller			Name of exempt org				
Street address			Street address	FEDERA	KRAINIAN L CREDIT U		
City	State	ZIP code	City		Ridge Ad _{il} ian ester, NY 1487		ZIP code

The exempt organization must be the direct purchaser and payer of record.

You may not use this form to purchase motor fuel or diesel motor fuel exempt from tax.

Representatives of governmental agencies or diplomatic missions may not use this form.

Carefully read the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, Exempt Organization Certificate, and is exempt from New York State and local sales and use taxes on its purchases.

I also certify that the above statements are true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the New York State Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the exemption claimed or the accuracy of any information entered on this form.

Print or type name of officer of organization	Title
Signature of Afficer of organization	Date issued
Louis ChecastiA	JUNE 9 2014

Need help?



Telephone assistance is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax

Information Center: 1 800 972-1233 For general information: 1 800 225-5829 To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada:

> Fax-on-demand forms: Forms are available 24 hours a day,

1 800 748-3676 7 days a week.

(518) 485-6800



Internet access: www.tax.state.ny.us

Hotline for the hearing and speech impaired:

1 800 634-2110 from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday, If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.

STR



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbles, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER CONTACT CENTER W A HARRIMAN CAMPUS ALBANY NY 12227



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Method of access you are requesting			
Ma TVIPS (Individual record inqui	ries) Current IVIPS	number, if applicable	
☐ Bulk vehicle/vessel records (Batch process) Freq	uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			time Estation Estation
Municipal City			
Contract contact/manager (IVIPS and Bulk reco	erds accounts)	Signing Authority name (Bi	ulk records accounts only)
David M. Leath			
	r IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(509) 725-4352 d.leath@cen	turytel.net		
Physical address of business (Number and street,	•		
411 Morgan Street, Davenport,	WA 99122		
Mailing address of business, if different (Address o	r PO Box, City, State, ZIP code))	
Provide one of these identifiers: Taxpayer Identification Nu	imber (TIN) Employ	er Identification Number (EIN)	WA Unified Business Identifier (UBI) 223000021
2 Provide a detailed explanation of your primary	husianas astiultu (evanti		223000021
3 Check all that apply to you and/or your busines Attorney	S		
Auction	☐ Lien service ☐ Marina		Service bureau for another business Provide business name:
Auction Auto manufacturer or agent	☐ Marina☐ Neighborhood		Provide business name:
☐ Auction☐ Auto manufacturer or agent☐ Bail bonds	☐ Marina ☐ Neighborhood ☐ Newspaper o	r media	Provide business name: Storage facility
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm 	☐ Marina ☐ Neighborhood ☐ Newspaper of ☐ Non-profit org	r media janization	Provide business name: Storage facility Title/Escrow
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business 	☐ Marina ☐ Neighborhood ☐ Newspaper of ☐ Non-profit org ☐ Parking enford	r media panization cement	Provide business name: Storage facility Title/Escrow Toll facility
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company 	☐ Marina ☐ Neighborhood ☐ Newspaper of ☐ Non-profit org ☐ Parking enford ☐ Private invest	r media janization cement igator	Provide business name: Storage facility Title/Escrow Toll facility Towing company
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union 	☐ Marina ☐ Neighborhood ☐ Newspaper of ☐ Non-profit org ☐ Parking enford ☐ Private invest ☐ Process serve	r media janization cement igator er	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller 	☐ Marina ☐ Neighborhood ☐ Newspaper of ☐ Non-profit org ☐ Parking enford ☐ Private invest ☐ Process serve ☐ Property mgm	r media panization cement igator er nt Government	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit)
Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection	☐ Marina ☐ Neighborhood ☐ Newspaper of ☐ Non-profit org ☐ Parking enford ☐ Private invest ☐ Process serve ☐ Property mgm ☐ Property mgm	r media panization cement igator er nt Government nt Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer 	Marina Neighborhood Newspaper of Non-profit org Parking enford Private invest Process serve Property mgm Property mgm Repossession	r media panization cement igator er nt Government nt Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer ☑ Government 	Marina Neighborhood Newspaper of Non-profit org Parking enford Private invest Process serve Property mgm Property mgm Repossession Retail/Store	r media ganization cement igator er nt Government nt Private n service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer ☑ Government □ Guardianship/Trustee service 	Marina Neighborhood Newspaper of Non-profit org Parking enford Private invest Process serve Property mgm Property mgm Repossession Retail/Store School - Private	r media panization cement igator er nt Government nt Private n service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
 Auction Auto manufacturer or agent Bail bonds Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer ✓ Government Guardianship/Trustee service Homeowner association 	Marina Neighborhood Newspaper of Non-profit org Parking enford Private invest Process serve Property mgm Property mgm Repossession Retail/Store School - Publi	r media ganization cement igator er nt Government nt Private n service ate	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party Provide business names:
 □ Auction □ Auto manufacturer or agent □ Bail bonds □ Bank or financing firm □ Business □ Commercial parking company □ Credit union □ Data broker/Reseller □ Debt recovery/Collection □ Employer/Prospective employer ☑ Government □ Guardianship/Trustee service 	Marina Neighborhood Newspaper of Non-profit org Parking enford Private invest Process serve Property mgm Property mgm Repossession Retail/Store School - Private Scrap process	r media panization cement igator er nt Government nt Private n service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another party

43	Explain in detail why you need vehicle/vessel information, Give examples. Attach additional pages if necessary.
	We use the vehicle information to identify the register owners of junk vehicles
5	Redisclosure and/or selling of information Will you sell or provide the information to appear along
	Will you sell or provide the information to anyone else?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
6	Owner contact Will you contact the vehicle/vessel owner? Unsolicited business contact for commercial purposes is strictly prohibited. If yes, why will you contact the owner and how will you contact them? Certified US Mail
7	Answer the following 1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?

8	Check all that apply	
	🗹 I represent a government agency. Agen	
	Do you agree the information you receive for carrying out the functions of your agen	will only be used in an official capacity and solely cy?
	 I represent a Washington State busines your current business license 	ss. Attach legible copies of:
	any/all professional licenses that you po	
	 vvasnington, attach a legible copy of eithe your current business license 	
	 a letter with a signature of the owner or include your Employer Identification Nu 	authorized representative indicating you are their agent. The letter must mber (EIN) or Taxpayer Identification Number (TIN).
	I am a process server. Attach legible cop	
	your current business licenseany/all professional licenses that you po	200000
	 registration for county jurisdictions 	JSSESS
	☐ I represent a non-profit organization or	corporation.
	 Attach a legible copy of one of the follow 	wing:
	 Your Articles of Incorporation, filed w 	ith the Secretary of State
	Your Tax Exempt Status from the Inter- Other decuments reviewed and approximately account to the control of the contr	ernal Revenue Services (501)(c)(3)
	Submit a letter with a signature of the b agent.	roved by the Department of Licensing Public Records Officer business owner or authorized representative indicating you are their
	I represent a data broker/reseller – attac	ch a legible copy of your current business license.
	IVIPS applicants must also include:	
	subscriber roster (provided on page 4)subscriber agreements	
	☐ I am an attorney.* Attach legible copies o	4.
	 your current business license 	1:
	your current bar card	
	I am a private investigator.* Attach legibl	e copies of:
	 your current Private Investigator license 	
	 your current business license 	
*W to	henever an attorney or private investigato the vehicle owner. RCW 46.12.635	r accesses a vehicle record in IVIPS, we will send a notification letter
epi	wingly making a false statement or conce resentation to obtain any personal informa ninal fines under the DPPA and RCW 46.12	ealing a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal 2.640
By s he i	signing or typing your name, you are certifyin foregoing is true and correct.	ng under penalty of perjury under the laws of the state of Washington tha
		Clerk/Treasurer
		Title
3/2	2/2016	X David M. Leath
ate a	and place (county) signed	Signature
ed:	eral Driver Privacy Protection Act (DPPA) 18	II.S.C. 82721 through 82725

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
☐ IVIPS (Individual record inquire	ies) Current IVIPS numb	er, if applicable	
☑ Bulk vehicle/vessel records (B)	atch process) Frequenc	y (check one):	One time A Periodic Regular
PRINT or TVPE Company / Agency name	ute 527 Moter		
Contract contact/manager (IVIPS and Bulk recor			ulk records accounts only)
VICTOR PEYEZ			
(Area code) Phone number Email (required for		krea code) Phone number	Email (required for Bulk records)
	@ GMAIL. COM		
hysical address of business (Number and street, C			
18724 BothEll EVE	IETT HWY		
Mailing address of business, if different (Address or			
Bothell WA	98012		
Provide one of Taxpaver Identification Nur	nher (TIN) Employer Iden	tification Number (EIN)	WA Unified Business Identifier (UBI)
hese identifiers:			603 55329/
Provide a detailed explanation of your primary be	usiness activity (exactly what your bu	siness does).	4
ME AYE A USED CAY	2 DEALERS H	IS INKE 1	TRADE IN'S SOMETIME
WE NEED TO FIND out	IF THEY IS A 1	EAN HOLDER	- or A lEAN ON TrAD
			2 0 11 (0)10 010 7755
Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		☐ Service bureau for another business
☐ Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	☐ Neighborhood bloc	ck watch	
☐ Bail bonds	☐ Newspaper or med		☐ Storage facility
Bank or financing firm	☐ Non-profit organiza		☐ Title/Escrow
Business	☐ Parking enforceme		☐ Toll facility
Commercial parking company	☐ Private investigato		☐ Towing company
Credit union	☐ Process server		☐ Transporter
Data broker/Reseller	Property mgmt G	Rovernment	Union (non-profit)
Debt recovery/Collection	Property mgmt P		Vehicle/Vessel dealer
Employer/Prospective employer	☐ Repossession serv		I represent a business that will
Government	☐ Retail/Store		provide information to another part
Guardianship/Trustee service	☐ School - Private		Provide business names:
Homeowner association	School - Public		orido badinoss namos.
Hospital	☐ Scrap processor of	r wrecker	Other (explain)
Hulk hauler	Security services -		Carol (Oxpidili)
Insurance company/agent	☐ Security services -		

N'S

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.	
I Attack	
I Attaching A GOOD SAMPLE.	
WE ARE A USED CAR DEPLEYSHIP WE TAKE TVAS AND BUY CAR'S From The Public NEED TO MA WE don't Buy CAR'S WITH LEAN'S AND THEN WE	
and buy Car's Contraction	DE IN, 2
INE PUBLIC NEED TO MY	OKE SHIE.
WE don't Buy CAY'S WITH LEAN'S AND THEN WE	WENT BE AB
SELL MEM	
5 Redisclosure and/or selling of information	34
Will you sell or provide the information to anyone else?	I ☐ Provide ☒ No
If yes, who will you provide or sell the information?	
yee, and the year provide of ooi the information.	
The release and redisclosure of personal information is restricted by state and federal laws. How	do you ensure
recipients are entitled to personal information under these laws?	
How will you provide the information to recipients? Explain.	
Owner contact	
Will you contact the vehicle/vessel owner?	□ Yes 🛱 No
If yes, why will you contact the owner and how will you contact them?	
, , , , , , , , , , , , , , , , , , , ,	
Answer the following 1. Do you agree not to sell or provide the information to any third party that has not been disclose	d
as part of this application?	a ŽÜYes □ No
2. Do you agree not to use the information for any purpose other than reasons stated on this	2
application?	À Yes □ No
unsolicited business contact, or promoting the sale of any goods or services?	Й Yes □ No

☐ I represent a government agency.	Agency name:
	ceive will only be used in an official capacity and solely agency?
 I represent a Washington State but your current business license any/all professional licenses that 	
	ashington State. If your business is not required to be licensed in the state of
 a letter with a signature of the ow 	ner or authorized representative indicating you are their agent. The letter must on Number (EIN) or Taxpayer Identification Number (TIN).
I am a process server. Attach legibyour current business license	
any/all professional licenses thatregistration for county jurisdiction	
☐ I represent a non-profit organizating 1. Attach a legible copy of one of the	
 Your Articles of Incorporation, 	filed with the Secretary of State
Your Tax Exempt Status from t Other documents reviewed an	he Internal Revenue Services (501)(c)(3) d approved by the Department of Licensing Public Records Officer
Submit a letter with a signature o agent.	of the business owner or authorized representative indicating you are their
•	- attach a legible copy of your current business license.
 subscriber roster (provided on pa subscriber agreements 	
 I am an attorney.* Attach legible co your current business license your current bar card 	ppies of:
 I am a private investigator.* Attack your current Private Investigator your current business license 	
*Whenever an attorney or private inves to the vehicle owner. RCW 46.12.635	stigator accesses a vehicle record in IVIPS, we will send a notification letter
nowingly making a false statement or	concealing a material fact required in this request or making false nformation from an individual's motor vehicle record is subject to federal
riminal fines under the DPPA and RCV	V 46.12.640
By signing or typing your name, you are one foregoing is true and correct.	certifying under penalty of perjury under the laws of the state of Washington th
-	OWNER
3-10-16	Title X Class Title

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

\neg	Legal business name	Contact name	Email	Telephone #
Address, City, State, ZIP code			Subscriber's permissible u	se
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible u	ise
	Does the subscriber provide information to an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code		Subscriber's permissible u	ise
	Does the subscriber provide information an attorney or private investigator?		Talanhana #	
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible use	
Does the subscriber provide information to an attorney or private investigator?				
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible	use
	Does the subscriber provide information an attorney or private investigator?	n to □ Yes □ No		
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible	use
	Does the subscriber provide information to an attorney or private investigator?			
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible	use
	Does the subscriber provide information an attorney or private investigator?	n to ☐ Yes ☐ No		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

GOED EXAMPLE

LUIS Trade of 1this liberry

Not Sove If This Unit is Pridefo

IT Look's LIKE It IS

JUST NEED TO VENFIED

Thank You

U.-/-





Vehicle Registration Certificate

07/07/2015

3110112013						1.1.1		Veer	1 8 4 0 100	Mo gwt	Diagr	Use	Mod vr	Ma	ke	Body
License plate	Plate Issue date			3	xpiration		code			WIO GWI	1	PAS	2000	CH		ASTRO
531WLS	05/2007	Z093	066	07/0	7/2016	230	687	2000	12		G	PAS				
Vehicle ident	(VIN)/Serial no	Res co	Sca	ale wt	Seats	Model	BT	Gwt		Gwt s	t		Gwt exp		Fleet	Equip
	V7YB198707		39	998		AST	ES									2 1 2
Prev plate	Filing	TBD			RTA Ta	(ce fee	Gwt/Vel		-	her		al fees		Gwt cr
322LDM	\$3.00				\$7.00		\$5.	00	\$10.0	00	\$30).75	\$5	5.75		



RELIABLE CREDIT ASSOC INC PO BOX 3866 KENT WA 98089



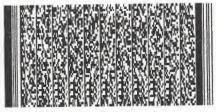
Signature of registered owner(s)

Comments:

PL-F - COLOR-BLUE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.



This certificate is not proof of ownership.



RPT ID: AREGPR-1 VehicleRegistration (R/8/14)E TD-420-802 (R/1/12) Page 1 of 2

COMSO1	Br 16			M	CONTR	date	9/15	/11	, M	425		Darma	ge, 5		5 ммн
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Date	Date			Up.	TI	Orig	inal	Tr	ansa	ction	Dat	ance			00_
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2/24/11	2/24	ALJ	4	20	51			-				Dala	-	GL#	Date
**	*	*	*	20	32										1/25
**	*	*	*	20	41										*
3/07/11	3/07		S	75	75										*
4/04/11	4/04		S	75	75										2/25
4/15/11	4/15	AAS	0	42	_										2/25
4/22/11	4/21				40									523	2/25
4/22/11	4/21	AAS	3	19										212	2/25
**	*	*	*	19	51		* *								2/25
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Enter=Next 1=Prev 7=End 9=Help

12=J/E's & Comments

From RELIABLE Shows



Vehicle Dealers, Manufacturers and For Hire Complaint Form

You can use this form to file a complaint against a service provider of professional licensee. If you have any questions, call (360) 664-6466.

Fax your complaint and the required enclosures to (360) 570-4953, scan and email to dealers@dol.wa.gov, or mail:

Dealer Investigations-Olympia Department of Licensing PO Box 9039 Olympia, WA 98507-9039

Enclose the following:

- A detailed explanation of your complaint; this includes dates, other parties involved, and a summary of any
 efforts you have already made to resolve the problem. Describe events in the order they occurred.
- Copies of all documents that relate to the complaint (i.e. purchase order, odometer statement, warranty, receipts, etc.)

Business or person you are filing a complaint about	
Vehicle dealer Vessel dealer Registered tow truck operator Vehicle manufacturer Service provider or professional licensee name (Last, First, Middle) Off-road vehicle dealer Scrap processor Unlicensed dealer Manufactured home/travel trailer	The state of the s
Business name	Dealer/Business License number (if know
(Area code) Telephone number and extension L125-630 87-73 (Area code) Fax number	email or web address
Business address 10901 ADDISON ST SW	
LIXKEWOOD	State ZIP code
four contact information	WA 98499
our contact miormation	
Bookiess Harrie (II arry)	
(Area code) Alternate telephone number	Email address
vialijā address	
	State ZIP code
ehicle/vessel information	State ZIP code U99



Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fags

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

Method of access you are requesting					
IVIPS (Individual record inq		S number, if applicable			
☐ Bulk vehicle/vessel records	(Batch process) Fi	requency (check one): 🗌 (One time Periodic Regular		
PRINT or TYPE Company/Agency name					
MidFirst Bank					
Contract contact/manager (IVIPS and Bulk re	cords accounts)	Signing Authority name (Bul	k records accounts only)		
Lisa Jourdan					
V	resign and historic later	(Area code) Phone number	The particular of the experience		
	midfirst.com				
Physical address of business (Number and street					
999 NW Grand Blvd., Oklahor	na City, OK 73118				
Mailing address of business, if different (Addres	s or PO Box, City, State, ZfP c	ode)			
Provide one of these identifiers:	Number (TIN) Em	ployer Identification Number (EIN)	WA Unified Business Identifier (UBI)		
Check all that apply to you and/or your busin Attorney Auction	□ Lien servio	ce [Service bureau for another busines Provide business name:		
Auto manufacturer or agent	☐ Neighborh	ood block watch			
Bail bonds					
the same of the sa	I remopupe	er or media	☐ Storage facility		
	☐ Non-profit	organization	Title/Escrow		
Bank or financing firm	☐ Non-profit☐ Parking er	organization I	Title/Escrow Toll facility		
Bank or financing firm	☐ Non-profit☐ Parking er☐ Private inv	organization [Iforcement estigator [☐ Title/Escrow ☐ Toll facility ☐ Towing company		
Bank or financing firmBusiness	☐ Non-profit☐ Parking er☐ Private inv☐ Process se	organization [Iforcement [estigator [erver [☐ Title/Escrow☐ Toll facility☐ Towing company☐ Transporter☐ Transport		
 ✓ Bank or financing firm ✓ Business Commercial parking company Credit union Data broker/Reseller 	☐ Non-profit☐ Parking er☐ Private inv☐ Process so☐ Property n	organization Iforcement estigator erver ngmt Government	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit)		
 ✓ Bank or financing firm ✓ Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection 	☐ Non-profit☐ Parking er☐ Private inv☐ Process se☐ Property n☐ Property n	organization Iforcement Sestigator Server Ingmt Government Ingmt Private	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit) ☐ Vehicle/Vessel dealer		
 Bank or financing firm Business Commercial parking company Credit union Data broker/Reseller Debt recovery/Collection Employer/Prospective employer 	☐ Non-profit ☐ Parking er ☐ Private inv ☐ Process so ☐ Property n ☐ Property n ☐ Reposses	organization Iforcement estigator erver ngmt Government ngmt Private sion service	Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will		
 ☑ Bank or financing firm ☑ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government 	☐ Non-profit ☐ Parking er ☐ Private inv ☐ Process so ☐ Property n ☐ Property n ☐ Reposses: ☐ Retail/Sto	organization Iforcement restigator Forward Ingmt Government Ingmt Private Ingmt Private Ingmt Exercise Ingmt	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit) ☐ Vehicle/Vessel dealer ☐ I represent a business that will provide information to another par		
 ☑ Bank or financing firm ☑ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service 	☐ Non-profit ☐ Parking er ☐ Private inv ☐ Process so ☐ Property n ☐ Property n ☐ Reposseso ☐ Retail/Stoo	organization Iforcement restigator Everor Ingmt Government Ingmt Private Ision service Ingmt Everor Ingmt Everor Ingmt Private Ingmt Everor Ingmt Eve	Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will		
 ☑ Bank or financing firm ☑ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service ☐ Homeowner association 	Non-profit Parking er Private inv Process se Property n Property n Reposses Retail/Stot School - P	organization Iforcement restigator erver ngmt Government ngmt Private sion service re rivate ublic	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit) ☐ Vehicle/Vessel dealer ☐ I represent a business that will provide information to another par Provide business names:		
 ☑ Bank or financing firm ☑ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service ☐ Homeowner association ☐ Hospital 	□ Non-profit □ Parking er □ Private inv □ Process se □ Property n □ Property n □ Repossesesesesesesesesesesesesesesesesese	organization Iforcement Vestigator Perver Ingmt Government Ingmt Private Ission service Ingular ingular In	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit) ☐ Vehicle/Vessel dealer ☐ I represent a business that will provide information to another par		
 ☑ Bank or financing firm ☑ Business ☐ Commercial parking company ☐ Credit union ☐ Data broker/Reseller ☐ Debt recovery/Collection ☐ Employer/Prospective employer ☐ Government ☐ Guardianship/Trustee service ☐ Homeowner association 	□ Non-profit □ Parking er □ Private inv □ Process se □ Property n □ Property n □ Repossese □ Retail/Stot □ School - P □ School - P □ Scrap profi	organization Iforcement restigator erver ngmt Government ngmt Private sion service re rivate ublic	☐ Title/Escrow ☐ Toll facility ☐ Towing company ☐ Transporter ☐ Union (non-profit) ☐ Vehicle/Vessel dealer ☐ I represent a business that will provide information to another par Provide business names:		

Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
MidFirst needs to know the status of the title on mobile/manufactured homes so we can determine if the vehicle has been properly converted to real property as required by the loan transaction.
5 Redisclosure and/or selling of information
Will you sell or provide the information to anyone else? □ Sell ☑ Provide □ No
If no, skip to Section 6.
If yes, who will you provide or sell the information?
1. First American Mobile Home Title Services, which is a vendor of MidFirst
 Our attorney, McCarthy Holthus, LLP The Department of Housing and Urban Development, and the Department of Veteran's Affairs, and their
agents.
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
recipients are entitled to personal information under these laws?
1. First American does their own DMV searchs. They have their own account with WA DOL
2. We only send the attorney the DMV searchs if they are representing MidFirst in connection with a pending legal matter related to a loan we are servicing, for the purpose of verifying the title of the
mortgaged property.
3. HUD or VA may request the title searches when we convey the property to them after foreclosure.
How will you provide the information to recipients? Explain.
Either by phone or secure email. Secure upload or secure email.
3. Secure upload.
6 Owner confact
6 Owner contact Will you contact the vehicle/vessel owner?
Unsolicited business contact for commercial purposes is strictly prohibited.
If yes, why will you contact the owner and how will you contact them?
We may contact the owner by phone or mail as needed in connection with the servicing of a loan which
may include contacting them about the vehicle that secures the loan being serviced.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this
application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
unsolicited business contact, or promoting the sale of any goods or services?

8 Check all that apply
☐ I represent a government agency. Agency name:
Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
☐ I represent a Washington State business. Attach legible copies of: • your current business license
 any/all professional licenses that you possess I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
 I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
 I am an attorney.* Attach legible copies of: your current business license your current bar card
 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington the the foregoing is true and correct.
Vice President
3-2-16 OKlahoma Count, OK X Date and place (county) signed
Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

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In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
1	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
2	Address, City, State, ZIP code		Subscriber's permissible us	e
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
	Legal business name	Contact name	Email	Telephone #
3	Address, City, State, ZIP code	<u> </u>	Subscriber's permissible us	е
	Does the subscriber provide information an attorney or private investigator?	to Yes \(\subseteq No.		
	Legal business name	Contact name	Email	Telephone #
4	Address, City, State, ZIP code		Subscriber's permissible us	ee .
	Does the subscriber provide information an attorney or private investigator?	to Yes 🗆 No		*
	Legal business name	Contact name	Email	Telephone #
5	Address, City, State, ZIP code		Subscriber's permissible us	S O
	Does the subscriber provide information an attorney or private investigator?	to □Yes □ No		
	Legal business name	Contact name	Email	Telephone #
6	Address, City, State, ZIP code		Subscriber's permissible us	5e
	Does the subscriber provide information an attorney or private investigator?	to □Yes □ No		
	Legal business name	Contact name	Email	Telephone #
7	Address, City, State, ZIP code		Subscriber's permissible u	6 0
	Does the subscriber provide information an attorney or private investigator?			

MIDFIRST BANK

March 2, 2016

Washington State Department of Licensing PO Box 2957 Olympia, WA 98507-2957

RE: Vehicle / Vessel Contract Renewal Application

Dear Sir/Madam:

MidFirst Bank is submitting a renewal application to perform Vehicle/Vessel Searches in the State of Washington. Item Number 8 for a business located outside Washington State requests a copy of our current business license or letter with our federal tax identification number.

MidFirst Bank is a federally chartered savings association with a primary business office in Oklahoma City, OK. Our federal Employer Identification Number is Please accept this letter as responsive to Item No. 8 of the application.

Thank you for your attention in this matter.

Sincerely,

Bette Garyof MidFirst Bank WVice President (405) 717-3171



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

	41				
Method of access		ac) Current IVI	PS number, if applicable		
	ele/vessel records (Ba		Frequency <i>(check one)</i> :		ne time 🗹 Periodic 🗌 Regular
PRINT or TYPE Comp		ttori prodoco,	requestey (erreen erre).		no umo maganar
	vards, Hipperson & R	edmond, P.S.			
	nager (IVIPS and Bulk record		Signing Authority nam	ne (Bulk	records accounts only)
Douglas Edwar	ds				
(Area code) Phone nu		VIPS and Bulk records		ber E	Email (required for Bulk records)
(509) 455-3713		y-edawards.com			
	siness (Number and street, Cit		•		
	Blvd., Ste. 201-S, Spo				
Mailing address of bus	iness, if different (Address or F	O Box, City, State, ZIP	code)		
B	Taxpayer Identification Num	hor/TINN E	mployer Identification Number (EIN	1)	WA Unified Business Identifier (UBI)
Provide one of these identifiers:	Taxpayer Identification Num	Del (1114)	inployer identification Number (En	''	601-735-776
	 explanation of your primary bu	singes activity (avantly	what your husiness does		001 733 770
Attorney Auction	y to you and/or your business	☐ Lien serv			Service bureau for another business Provide business name:
☐ Bail bonds	cturer or agent		hood block watch er or media		Storage facility
Bank or finar	ncina firm		t organization		Title/Escrow
Business	ionig iiiii		nforcement		Toll facility
_	parking company		vestigator		Towing company
☐ Credit union		☐ Process s	server		Transporter
☐ Data broker/	Reseller		mgmt Government		Union (non-profit)
□ Debt recover			mgmt Private		Vehicle/Vessel dealer
	ospective employer		ssion service		I represent a business that will
Government	_	☐ Retail/Sto	-		provide information to another party
	/Trustee service	☐ School - I			Provide business names:
Homeowner	association	☐ School - I			Other (evalein)
Hospital			cessor or wrecker		Other (explain)
Hulk hauler			services - Government		
□ Insurance co	mpany/agent	∟ Security s	services - Private		

1) transfer title to deceased's vehicles through probate; 2) verify owners and lienholders for new lenders on vehicles offered as security 3) foreclose/repossess vehicles on defaulted loans 4) verify ownership and transfer titles to mobile homes in real estate transactions
Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
If yes, who will you provide or sell the information?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
How will you provide the information to recipients? Explain.
Owner contact Will you contact the vehicle/vessel owner?
Answer the following 1. Do you agree not to sell or provide the information to any third party that has not been disclosed
as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this application?
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?

8	Check all that apply
	☐ I represent a government agency. Agency name:
	☐ I represent a Washington State business. Attach legible copies of: • your current business license
	any/all professional licenses that you possess
	 I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	☐ I am a process server. Attach legible copies of:
	your current business license
	 any/all professional licenses that you possess registration for county jurisdictions
	☐ I represent a non-profit organization or corporation.
	1. Attach a legible copy of one of the following:
	Your Articles of Incorporation, filed with the Secretary of State
	 Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer
	Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	I represent a data broker/reseller – attach a legible copy of your current business license.
	IVIPS applicants must also include:
	 subscriber roster (provided on page 4) subscriber agreements
	☑ I am an attorney.* Attach legible copies of:
	your current business license
	your current bar card
	☐ I am a private investigator.* Attach legible copies of:
	 your current Private Investigator license your current business license
	your current business license
	/henever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
ер	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal ninal fines under the DPPA and RCW 46.12.640
	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.
	Attorney/President
	Title
2/1	8/2016 X Douglas J. Edwards
ate	and place (county) signed Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

			· ·	
1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	Subscriber's permissible use		
	Does the subscriber provide information an attorney or private investigator?	to		
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	J	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to Yes No		
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	<u> </u>	Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to □ Yes □ No		
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	•
	Does the subscriber provide information an attorney or private investigator?	to □Yes □ No		
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information an attorney or private investigator?	to 		



BUSINESS LICENSE

Domestic Professional Service Corporation

Unified Business ID #: 601 375 776

Business ID #: 1 Location: 1

Expires: 03-31-2016

HENNESSEY, EDWARDS, HIPPERSON & REDMOND, P.S. HENNESSEY & EDWARDS, P.S. 1403 S GRAND BLVD SPOKANE WA 99203 2263

TAX REGISTRATION INDUSTRIAL INSURANCE **UNEMPLOYMENT INSURANCE**

CITY LICENSES/REGISTRATIONS: SPOKANE GENERAL BUSINESS #T12006580BUS

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

SPOKAND COUNTY BAR ASSOCIATION MINIBERSHIP CARD September 1, 2015 - August 34 - 2016 diolifethas, j. tidwards



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

deligation			
Method of access you are requesting			
IVIPS (Individual record inquirie	s) Current IVIPS n	umber, if applicable	
Bulk vehicle/vessel records (Ba	tch process) Frequ	ency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name	, , , , , ,	, (, , , , , , , , , , , , , , , , , ,	-3
- Countr High Gonool			
Contract contact/manager (IVIPS and Bulk records	s accounts)	Signing Authority name (B	ulk records accounts only)
Maurice Dudley	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	'IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
	Doumntrad.org	(
Physical address of business (Number and street, City			
1707 Main Lit. Gumner, 1	NA.9839D		
Mailing address of business, if different (Address or P			
Provide one of Taxpayer Identification Numb	per (TIN) Employe	r Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
2 Provide a detailed explanation of your primary book	activity (exactly what yo	our business does)	
We are a public high we bofudents tither vide	ilyon all locals	de adverti P	0 1-1
Mt are a profite might be	Supply Ale broat	de education to	r grades 9-12th.
	L. L.	1	, 0
Gofudento tither viac	the bus or	arive and par	t on campus.
	•		
3 Check all that apply to you and/or your business			
Attorney	☐ Lien service		☐ Service bureau for another business
Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	☐ Neighborhood	block watch	Trovide business flame.
☐ Bail bonds	☐ Newspaper or		Storage facility
Bank or financing firm	☐ Non-profit orga		☐ Title/Escrow
Business	☐ Parking enforce		☐ Toll facility
Commercial parking company	☐ Private investig		☐ Towing company
Credit union	☐ Process serve		☐ Transporter
			_
Data broker/Reseller		t Government	Union (non-profit)
Debt recovery/Collection	☐ Property mgm		☐ Vehicle/Vessel dealer
Employer/Prospective employer	Repossession	service	☐ I represent a business that will
Government	☐ Retail/Store		provide information to another party
Guardianship/Trustee service	School - Privat		Provide business names:
Homeowner association	School - Public		
│	☐ Scrap process		Other (explain)
│		ces - Government	
Insurance company/agent	Security service	ces - Private	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
Each staff: student gets an assigned parking upot. Those students that don't get a upot tend to find themselves any upot to park sometimes eventing a upot which makes it difficult for others to enter or exit parking lots. We would use the vehicle info to identify the owner so that we can get them to move their vehicle when it is illegally parked or in the incorrect parking upot. 5 Redisclosure and/or selling of information
that don't get a spot tend to find themselves any spot to park
sometimes creating a spot which makes it difficult for others
to enter or exit parking lates We would use the vehicle into to
is the many of the second of t
identity the owner so that we carriget them to move their
Redisclosure and/or selling of information Selisclosure and/or selling of information
Will you sell or provide the information to anyone else?
If no, skip to Section 6. If yes, who will you provide or sell the information?
The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
resipiones are entitled to personal information and in tesse laws.
How will you provide the information to recipiente? Explain
How will you provide the information to recipients? Explain.
6 Owner contact
Will you contact the vehicle/vessel owner?
If yes, why will you contact the owner and how will you contact them?
We will confact them in person and require them to move their vehicle. This will be done if the owner is parked in the
Vehicle. This will be done if the owner is parked in the
incorrect parking upot.
7 Answer the following
1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
2. Do you agree not to use the information for any purpose other than reasons stated on this
application?
unsolicited business contact, or promoting the sale of any goods or services?

8	Check all that apply
	I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
	 ☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
	 I am a process server. Attach legible copies of: your current business license any/all professional licenses that you possess registration for county jurisdictions
	 ☐ I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
	 I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements
	 I am an attorney.* Attach legible copies of: your current business license your current bar card
	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
	Vhenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
ep	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal minal fines under the DPPA and RCW 46.12.640
	signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that foregoing is true and correct.
	Administrative (secretary
2	8.2016 Summer High School & Bell
ate	and place (county) signed Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Each data broker or reseller must:

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NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	a com commo			
	Address, City, State, ZIP code		Subscriber's permissible	euse
	Does the subscriber provide in an attorney or private investiga	formation to tor?	□No	
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	Subscriber's permissible	use	
	Does the subscriber provide in an attorney or private investiga	□No		
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	use
	Does the subscriber provide in an attorney or private investiga	formation to tor?	□No	
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	Subscriber's permissible	euse	
	Does the subscriber provide in an attorney or private investiga	formation to tor?		
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	Subscriber's permissible	e use	
	Does the subscriber provide in an attorney or private investiga	formation to to?	□No	
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	euse
	Does the subscriber provide in an attorney or private investiga	□No		
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	e use
	Does the subscriber provide in an attorney or private investiga	□No		



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	ial record inquiries, essel records (Bato		number, if applicable quency <i>(check one)</i> :	One time Periodic Regular
PRINT or TYPE Company/Ag Port of Shelton	jency name			
Contract contact/manager (IVIDE and Bulk records	accounts)	Cinning Authority name (C	
Kim Keeler	IVIPS and Bulk records a	accounts)	Signing Authority name (8	ulk records accounts only)
(Area code) Phone number (360) 426-1151	Email (required for IVIP kimk@portofshe		(Area code) Phone number	Email (required for Bulk records)
Physical address of business 21 W Sanderson Wa				
Mailing address of business, it same	different (Address or PO	Box, City, State, ZIP code	9)	
Provide one of these identifiers:	ayer Identification Number	(TIN) Emplo	oyer Identification Number (EIN)	WA Unified Business Identifier (UBI)
when transient boats				
Check all that apply to you Attorney		☐ Lien service		Service bureau for another busines
Check all that apply to you Attorney Auction	and/or your business	☐ Lien service ☑ Marina		Service bureau for another busines Provide business name:
Check all that apply to you Attorney Auction Auto manufacture	and/or your business	☐ Lien service ☑ Marina ☐ Neighborhoo	od block watch	Provide business name:
Check all that apply to you Attorney Auction Auto manufacture Bail bonds	and/or your business	☐ Lien service ☑ Marina ☐ Neighborhod ☐ Newspaper o	od block watch or media	Provide business name: Storage facility
Check all that apply to you Attorney Auction Auto manufacture	and/or your business	☐ Lien service ☑ Marina ☐ Neighborhoo	od block watch or media ganization	Provide business name: Storage facility Title/Escrow
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing	and/or your business r or agent firm	☐ Lien service ☑ Marina ☐ Neighborhoo ☐ Newspaper o ☐ Non-profit or	od block watch or media ganization rcement	Provide business name: Storage facility Title/Escrow Toll facility
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business	and/or your business r or agent firm	☐ Lien service ☐ Marina ☐ Neighborhoo ☐ Newspaper o ☐ Non-profit or ☐ Parking enfo	od block watch or media ganization rcement stigator	Provide business name: Storage facility Title/Escrow
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business Commercial parkin	r or agent firm ng company	Lien service Marina Neighborhoo Newspaper of Non-profit or Parking enfo Private inves	od block watch or media ganization rcement stigator	Provide business name: Storage facility Title/Escrow Toll facility Towing company
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business Commercial parkin Credit union Data broker/Rese Debt recovery/Col	r or agent firm ng company ller	Lien service Marina Neighborhoo Newspaper of Non-profit or Parking enfo Private inves Process serv Property mg	od block watch or media ganization rcement stigator ver mt Government mt Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business Commercial parkin Credit union Data broker/Rese Debt recovery/Col	r or agent firm ng company ller	Lien service Marina Neighborhoo Newspaper of Non-profit or Parking enfo Private invest Process serv Property mg Property mg Repossessio	od block watch or media ganization rcement stigator ver mt Government mt Private	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business Commercial parkin Credit union Data broker/Rese Debt recovery/Col Employer/Prospect Government	r or agent firm ng company ller llection ctive employer	Lien service Marina Neighborhoo Newspaper of Non-profit or Parking enfo Private invest Process serv Property mg Property mg Repossessio Retail/Store	od block watch or media ganization rcement stigator ver mt Government mt Private on service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another par
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business Commercial parkin Credit union Data broker/Rese Debt recovery/Col Employer/Prospec Government Guardianship/Trus	r or agent firm ng company ller llection ctive employer	Lien service Marina Neighborhoo Newspaper of Non-profit or Parking enfo Private invest Process service Property mg Repossessio Retail/Store School - Priv	od block watch or media ganization rcement stigator ver mt Government mt Private on service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business Commercial parkin Credit union Data broker/Rese Debt recovery/Col Employer/Prospec Government Guardianship/Trus Homeowner assoc	r or agent firm ng company ller llection ctive employer	Lien service Marina Neighborhood Newspaper of Non-profit or Parking enfo Private invest Process service Property mg Property mg Repossession Retail/Store School - Pub	od block watch or media ganization rcement stigator ver mt Government mt Private on service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another par Provide business names:
Check all that apply to you Attorney Auction Auto manufacture Bail bonds Bank or financing Business Commercial parkin Credit union Data broker/Rese Debt recovery/Col Employer/Prospec Government Guardianship/Trus	r or agent firm ng company ller llection ctive employer	Lien service Marina Neighborhoo Newspaper of Non-profit or Parking enfo Private invest Process service Property mg Property mg Repossessio Retail/Store School - Privice Scrap process	od block watch or media ganization rcement stigator ver mt Government mt Private on service	Provide business name: Storage facility Title/Escrow Toll facility Towing company Transporter Union (non-profit) Vehicle/Vessel dealer I represent a business that will provide information to another par

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
Т	ransient and out of town moorage customers needing vessel registration information
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else? □ Sell □ Provide ☑ No
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	n you, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	now will you provide the information to recipients? Explain.
G	Owner contact
¥	
	Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited.
	If yes, why will you contact the owner and how will you contact them?
T	o collect moorage fees and obtain copy of current registration
72	Answer the following
	-
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services?
	unsolicited business contact, or promoting the sale of any goods or services?

8		
	✓ I represent a government agency. Agency name: Port of Shelt	
	Do you agree the information you receive will only be used in an for carrying out the functions of your agency?	
	 I represent a Washington State business. Attach legible copies your current business license 	s of:
	any/all professional licenses that you possess	
	 ☐ I represent a business outside Washington State. If your business washington, attach a legible copy of either: • your current business license 	
	 a letter with a signature of the owner or authorized representa include your Employer Identification Number (EIN) or Taxpaye 	rive indicating you are their agent. The letter must relation Number (TIN).
	☐ I am a process server. Attach legible copies of:	
	your current business licenseany/all professional licenses that you possess	
	registration for county jurisdictions	
	☐ I represent a non-profit organization or corporation.	
	1. Attach a legible copy of one of the following:	
	 Your Articles of Incorporation, filed with the Secretary of Sta 	
	Your Tax Exempt Status from the Internal Revenue Services Other decuments reviewed and approved by the Department	
	 Other documents reviewed and approved by the Departmer Submit a letter with a signature of the business owner or authoragent. 	
	☐ I represent a data broker/reseller – attach a legible copy of you	r current business license.
	IVIPS applicants must also include:	
	subscriber roster (provided on page 4)	
	subscriber agreements	
	 I am an attorney.* Attach legible copies of: your current business license 	
	 your current business ilcense your current bar card 	
	☐ I am a private investigator.* Attach legible copies of:	
	your current Private Investigator license	
	 your current business license 	
*1/	*IA/h an avay an attaynay ay nyiyata inyaatiyata	
	*Whenever an attorney or private investigator accesses a vehicle reto the vehicle owner. RCW 46.12.635	ecord in IVIPS, we will send a notification letter
l	to the vehicle owner. NOW 40.12.000	
· ~ .	(nowingly moking a false atatement or consequence and service fact of	and the district of the second
ер	Knowingly making a false statement or concealing a material fact r epresentation to obtain any personal information from an individu criminal fines under the DPPA and RCW 46.12.640	equired in this request or making false al's motor vehicle record is subject to federal
:T11	eniminal lines under the DPPA and RCW 46.12.640	
	By signing or typing your name, you are certifying under penalty of per, he foregoing is true and correct.	ury under the laws of the state of Washington that
	Deputy Director	
	Title	,) (1
) / 1	0/11/16 Magan County	11/05/7
	2/11/16 Mason County At and place (county) signed X Wendy E. Smith Signature	UU/X)) (
aie	ate and place (county) signed Signature	

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	Subscriber's permissible	Subscriber's permissible use	
	Does the subscriber provide informati an attorney or private investigator?		No	
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	e use
	Does the subscriber provide informati an attorney or private investigator?		No	
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	euse
	Does the subscriber provide informati an attorney or private investigator?	No		
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code	Subscriber's permissible	use	
	Does the subscriber provide information an attorney or private investigator?	on to	No	
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	e use
	Does the subscriber provide information an attorney or private investigator?		No	
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	use
	Does the subscriber provide information an attorney or private investigator?	on to	No	
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible	use
	Does the subscriber provide information an attorney or private investigator?		No	



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

1 Method of access you are requesting			
✓ IVIPS (Individual record inquirie	es) Current IVIPS n	umber if applicable	
☐ Bulk vehicle/vessel records (Ba	atch process) Frequ	iency (check one):	One time ☐ Periodic ☑ Regular
PRINT or TYPE Company/Agency name			
Contract contact/manager (IVIPS and Bulk record			
Open Road RV Center/Shelley Ann		Signing Authority name (B	ulk records accounts only)
	/IPS and Bulk records) oadrvcenter.com	(Area code) Phone number (425) 232-8699	Email (required for Bulk records)
Physical address of business (Number and street, Cit 1175 Village Way Monroe, WA 982)			
Mailing address of business, if different (Address or F			
Provide one of these identifiers:	per (TIN) Employe	r Identification Number (EIN)	WA Unified Business Identifier (UBI)
Check all that apply to you and/or your business			
☐ Attorney	Lien service		☐ Service bureau for another busines
Auction	☐ Marina		Provide business name:
 Auto manufacturer or agent Bail bonds 	NeighborhoodNewspaper or		Storage facility
☐ Bank or financing firm	☐ Non-profit orga		☐ Title/Escrow
☑ Business	Parking enforce		☐ Toll facility
Commercial parking company	☐ Private investig		☐ Towing company
☐ Credit union	Process serve	r	☐ Transporter
☐ Data broker/Reseller	Property mgm	t Government	Union (non-profit)
Debt recovery/Collection	Property mgm		☑ Vehicle/Vessel dealer
Employer/Prospective employer	Repossession	service	☐ I represent a business that will
Government	✓ Retail/Store		provide information to another par
Guardianship/Trustee service	School - Privat		Provide business names:
Homeowner association	School - Public		
☐ Hospital	Scrap process		□ Other (explain)
☐ Hulk hauler ☐ Insurance company/agent	Security service	es - Government	

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
n	We take in rv, trucks and trailers on trade daily. Some customers have lost their titles. We need to verify that there are o liens on the units we take in. We no longer take the customers word that htere isn't a lien. We do most of our usiness on the weekends and our local DOL office is not open to check for us.
5	Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	Owner contact Will you contact the vehicle/vessel owner?
	Answer the following
	Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?



RESELLER PERMIT

Washington State Department of Revenue

PO Box 47476 • Olympia, WA 98504-7476 • I-800-647-7706

Issued to: 603 321 701 OPEN ROAD RV LLC 1175 VILLAGE WAY MONROE WA 98272 2029

Business Activities: RECREATIONAL VEHICLE DEALERS Permit Number: A28 8048 19

Effective Date: 08-05-2015

Expiration Date: 08-04-2019

This permit can be used to purchase:

- · Merchandise and inventory for resale without intervening use
- Ingredients, components, or chemicals used in processing new articles of tangible personal property produced for sale
- Feed, seed, seedlings, fertilizer, and spray materials by a farmer
- Materials and contract labor for retail/wholesale construction
- Items for dual purposes (see Purchases for Dual Purposes on back)

This permit cannot be used to purchase:

- · Items for personal or household use
- · Promotional items or gifts
- · Items used in your business that are not resold, such as office supplies, equipment, tools, and equipment rentals
- Materials and contract labor for public road construction or U.S. government contracting (see Definitions on back)
- · Materials and contract labor for speculative building

This permit is no longer valid if the business is closed.

The business named on this permit acknowledges:

- · It is solely responsible for all purchases made under this permit
- Misuse of the permit:
 - Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291)
 - May result in this permit being revoked

Notes (optional):	(optional):			

Important: The Department of Revenue may use information from sellers to verify all purchases made with this permit were qualified.

State of Washington Business Licensing Service

Office of the Secretary of State Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 603 321 701

Business ID #: 1

Expires: 07-31-2016

OPEN ROAD RV, LLC 2302 2ND AVE N SEATTLE WA 98109

Domestic Limited Liability Company Renewed by Authority of Secretary of State

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Sporotony of Sin



BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 321 701

Business ID #: 1

Location: 1

Expires: 07-31-2016

OPEN ROAD RV, LLC 1175 VILLAGE WAY MONROE WA 98272 2029

TAX REGISTRATION INDUSTRIAL INSURANCE MOTOR VEHICLE DEALER #7923 MFD HOME-TRVL TRLR DEALER #4952

UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS: MONROE GENERAL BUSINESS

LICENSING RESTRICTIONS: Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Method of access you are requesting			
IVIPS (Individual record inquirie			
☐ Bulk vehicle/vessel records (Ba	tch process) Freque	uency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			
UNITED AUTO CREDIT CORPOR	ATION		
Contract contact/manager (IVIPS and Bulk records	s accounts)	Signing Authority name (B	ulk records accounts only)
LISA FRAZIER			
	(IPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(817) 576-5119 LFRAZIER@U			
Physical address of business (Number and street, City		00770	
1071 CAMELBACK STE 100 NEW			
Mailing address of business, if different (Address or P			
1071 CAMELBACK STE 100 NEW			
Provide one of Taxpayer Identification Numb	per (TIN) Employ	er Identification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			
2 Provide a detailed explanation of your primary but	siness activity (exactly what y	our business does)	
Check all that apply to you and/or your business Attorney Auction	☐ Lien service		Service bureau for another busines Provide business name:
☐ Auto manufacturer or agent	☐ Neighborhood	I block watch	Trovide business name.
Bail bonds	☐ Newspaper or		☐ Storage facility
✓ Bank or financing firm	☐ Non-profit org		☐ Title/Escrow
☐ Business	☐ Parking enfor		☐ Toll facility
☐ Commercial parking company	☐ Private invest		☐ Towing company
☐ Credit union	☐ Process serve	9	☐ Transporter
☐ Data broker/Reseller	☐ Property mgm	nt Government	☐ Union (non-profit)
☐ Debt recovery/Collection	☐ Property mgm		☐ Vehicle/Vessel dealer
☐ Employer/Prospective employer	Repossession	service	☐ I represent a business that will
☐ Government	☐ Retail/Store		provide information to another part
☐ Guardianship/Trustee service	School - Priva		Provide business names:
☐ Homeowner association	School - Publ		
☐ Hospital			Other (explain)
☐ Hulk hauler		ces - Government	
Insurance company/agent	Security servi	ces - Private	

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	YE ARE A AUTO FINANCE COMPANY AND WE WILL BE REVIEWING DMV RECORD TO VERIFY OUT IEN IN IN PLACE ON TITLE RECORD.
5	Redisclosure and/or selling of information
	Will you sell or provide the information to anyone else?
	If no, skip to Section 6.
	If yes, who will you provide or sell the information?
	in you, this will you provide or oon the information.
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure
	recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
	Tiow will you provide the information to recipionis: Explain.
j	Owner contact Mill your posters the webigle (vessel aways)
	Will you contact the vehicle/vessel owner?
	If yes, why will you contact the owner and how will you contact them?
	re would only notify owner of record if it were our customer and title was issued in error without lien.
V	e would only notify owner of record if it were our customer and title was issued in error without nen.
73	Answer the following
7	Do you agree not to sell or provide the information to any third party that has not been disclosed
	as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this
	application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making
	unsolicited business contact, or promoting the sale of any goods or services?

Check a	all that apply	
	epresent a government agency. Agenc	· ·
Do for	you agree the information you receive v carrying out the functions of your agence	will only be used in an official capacity and solely cy? Yes No
•	epresent a Washington State business your current business license any/all professional licenses that you po	
Wa	ashington, attach a legible copy of either your current business license a letter with a signature of the owner or	ton State. If your business is not required to be licensed in the state of : authorized representative indicating you are their agent. The letter must mber (EIN) or Taxpayer Identification Number (TIN).
□ l aı	m a process server. Attach legible copi your current business license any/all professional licenses that you po registration for county jurisdictions	ies of:
2.	 epresent a non-profit organization or Attach a legible copy of one of the follow Your Articles of Incorporation, filed wi Your Tax Exempt Status from the Inte Other documents reviewed and appropriate Submit a letter with a signature of the buagent. 	ving: ith the Secretary of State
IVI •	epresent a data broker/reseller – attac IPS applicants must also include: subscriber roster (provided on page 4) subscriber agreements	ch a legible copy of your current business license.
•	m an attorney.* Attach legible copies of your current business license your current bar card	:
•	m a private investigator.* Attach legible your current Private Investigator license your current business license	
Whene the v	ever an attorney or private investigator rehicle owner. RCW 46.12.635	r accesses a vehicle record in IVIPS, we will send a notification letter
presen	gly making a false statement or conce ntation to obtain any personal informa fines under the DPPA and RCW 46.12	aling a material fact required in this request or making false ation from an individual's motor vehicle record is subject to federal a.640
	ng or typing your name, you are certifying oing is true and correct.	g under penalty of perjury under the laws of the state of Washington that
		Talle allept Depenusa fourted AUTO GREDIT
		Title ()
	1-27-2016	UNITED AUTO CREDIT CORE

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- · Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at https://fortress.wa.gov/dol/ivipsprod/.

In the Subscriber's permissible use box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

Legal business name	Contact name	Email	Telephone #	
Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator?		Subscriber's permissible	Subscriber's permissible use	
		□ No		
Legal business name	Contact name	Email	Telephone #	
Address, City, State, ZIP code		Subscriber's permissible	use	
Does the subscriber provid an attorney or private inves	e information to stigator? Yes	□No		
Legal business name	Contact name	Email	Telephone #	
Address, City, State, ZIP code	Address, City, State, ZIP code		e use	
Does the subscriber provid an attorney or private inves	e information to stigator? Yes	□No		
Legal business name	Contact name	Email	Telephone #	
Address, City, State, ZIP code		Subscriber's permissible	o use	
Does the subscriber provid an attorney or private inves	e information to stigator?	□No		
Legal business name	Contact name	Email	Telephone #	
Address, City, State, ZIP code		Subscriber's permissible	use I	
Does the subscriber provid an attorney or private inves	e information to titigator?	□No		
Legal business name	Contact name	Email	Telephone #	
Address, City, State, ZIP code		Subscriber's permissible	use I	
Does the subscriber provide information to an attorney or private investigator?		□No		
Legal business name	Contact name	Email	Telephone #	
Address, City, State, ZIP code		Subscriber's permissible	e use	
Does the subscriber provide information to an attorney or private investigator?		□No		



This is your Washington Corporation or LLC license. This is not a Washington Business License.

C/O CORPORATION SERVICE COMPANY 300 DESCHUTES WAY SW STE 304 TUHWATER WA 98501

Datach balors posting

000132

State of Washington Business Licensing Service Office of the Secretary of State

LEGAL ENTITY REGISTRATION

Unified Business ID #: 601 826 301 Business ID #: 1

Expires: 10-31-2016

UNITED AUTO CREDIT CORPORATION 300 DESCHUTES WAY SW STE 304 TUMWATER WA 98501

Foreign Profit Corporation Renewed by Authority of Secretary of State

By accepting this document the licenses certifies that information provided on the renewal was complete, true, and accurate to the best of the or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Tun Ulyna

UBI NO. 601 826 301 1

10-31-201

UNITED AUTO CREDIT CORPORATION 300 DESCRUTES WAY SW STE 304 -TUHWATER WA 98501 Please tear off this section and keep it with your records.

Note: This is not a Washington business license. The expiration date indicates when you will need to renew your corporation, limited liability company or Nassachusetts trust in Washington State.

You may renew again at business.wa.gov/BLS after May 1, 2016. Use the new password: ZC39 5652. For security purposes the password changes each year after you renew.

Please read the information printed on the back side of this document. For business license information go to business,we.gov/BLS or 1-800-451-7985.

This document is not a business license. It is a renewal of your status as a corporation, limited liability company or a Massachusetts trust.

Please contact the Office of the Secretary of State if you have any questions regarding the status of your corporation, limited liability company or Massachusetts trust.

Corporations Division
Office of the Secretary of State
PO Box 40234
Olympia WA 98504-0234
Telephone: (360) 725:0377
Website: www.sos.wa.gov

Changes

The address appearing on this document is the registered agent's address. To change the agent or agent's address you can download the Statement of Change of Registered Agent/Office form at the Office of the Secretary of State's website.

Business licensing

You may be required to apply for business licenses with the Department of Revenue or other state agencies before you can legally operate a business as a corporation, limited liability company, or Massachusetts trust.

In addition, if your business will operate under any names different from the names on this document, you must register them as trade names with the Department of Revenue.

To get licensing information and forms, visit business.wa.gov/BLS. If you have questions about business licensing or registering trade names, please contact:

State of Washington Business Licensing Service PO Box 47475 Olympia WA 98507-7475

Telephone: 1-800-451-7985 Fax: (360) 705-6699

For assistance or to request this document in an alternate format, please call 1-800-451-7085. Teletype (TTY) users may use the Washington Relay Service by calling 711.



Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: vsdisclose@dol.wa.gov.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

	•		•
Method of access you are requesting			
✓ IVIPS (Individual record inquirie		mber, if applicable	
Bulk vehicle/vessel records (Ba	itch process) Freque	ency (check one):	One time Periodic Regular
PRINT or TYPE Company/Agency name			
Ring N' Spring Bail Bonds			
Contract contact/manager (IVIPS and Bulk record	s accounts)	Signing Authority name (Bi	ulk records accounts only)
Carlton Rhoades (Area code) Phone number Email (required for IV	/IPS and Bulk records)	(Assessed a) Discussion to	
	ndspringbailbonds.c	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, Cit			
139 NW Chehalis Ave Chehalis,			
Mailing address of business, If different (Address or P			
PO Box 1301 Chehalis, WA 9853			
Provide one of Taxpayer Identification Number		dentification Number (EIN)	WA Unified Business Identifier (UBI)
these identifiers:			603506940
2 Provide a detailed explanation of your primary bus	siness activity (exactly what you	r business does).	
Bail Bonds and Bail Bond Fugativ	e Recovery		
9			
Check all that apply to you and/or your business			
☐ Attorney	☐ Lien service		☐ Service bureau for another business
☐ Auction	☐ Marina		Provide business name:
Auto manufacturer or agent	☐ Neighborhood b	look watch	Provide business name.
☑ Bail bonds	☐ Newspaper or n		Storage facility
☐ Bank or financing firm	☐ Non-profit organ		☐ Title/Escrow
☐ Business	☐ Parking enforce		☐ Toll facility
Commercial parking company	☐ Private investiga		☐ Towing company
☐ Credit union	☐ Process server	21.01	☐ Transporter
☐ Data broker/Reseller	☐ Property mgmt.	- Government	Union (non-profit)
☐ Debt recovery/Collection	☐ Property mgmt.		☐ Vehicle/Vessel dealer
Employer/Prospective employer	☐ Repossession s		☐ I represent a business that will
Government	☐ Retail/Store	0, 1,00	provide information to another party
☐ Guardianship/Trustee service	☐ School - Private		Provide business names:
☐ Homeowner association	☐ School - Public		
☐ Hospital	☐ Scrap processor	r or wrecker	Other (explain)
Hulk hauler	☐ Security service		
☐ Insurance company/agent	☐ Security service		

4	Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.
	have a bail bonds company; we would use this service to verify if a vehicle is in someone's name when aking collateral. also so as an investigative tool in locating defendant's after they have missed court.
5	Redisclosure and/or selling of information Will you sell or provide the information to anyone else?
	If yes, who will you provide or sell the information?
	The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?
	How will you provide the information to recipients? Explain.
6	Owner contact Will you contact the vehicle/vessel owner?
	Unsolicited business contact for commercial purposes is strictly prohibited. If yes, why will you contact the owner and how will you contact them?
	, · · · · · · · · · · · · · · · · · · ·
7	Answer the following
	1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application?
	2. Do you agree not to use the information for any purpose other than reasons stated on this application?
	3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ✓ Yes □ No

_	
8	Check all that apply
	I represent a government agency. Agency name:
	Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?
	 I represent a Washington State business. Attach legible copies of: your current business license any/all professional licenses that you possess
	 ☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either: your current business license a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must
	include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). I am a process server. Attach legible copies of: • your current business license • any/all professional licenses that you possess
, mitalian (file accessive, sende errete en	 registration for county jurisdictions I represent a non-profit organization or corporation. 1. Attach a legible copy of one of the following: Your Articles of Incorporation, filed with the Secretary of State Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3) Other documents reviewed and approved by the Department of Licensing Public Records Officer 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their
	agent. I represent a data broker/reseller – attach a legible copy of your current business license. IVIPS applicants must also include: • subscriber roster (provided on page 4) • subscriber agreements
Annal Territoria de la Companya del Companya de la	 I am an attorney.* Attach legible copies of: your current business license your current bar card
and the same of th	 I am a private investigator.* Attach legible copies of: your current Private Investigator license your current business license
	Vhenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter the vehicle owner. RCW 46.12.635
rep crii	owingly making a false statement or concealing a material fact required in this request or making false resentation to obtain any personal information from an individual's motor vehicle record is subject to federal minal fines under the DPPA and RCW 46.12.640 signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that
	foregoing is true and correct.
	Title
] -	12-15 x C-2
Date	and place (county) signed Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

LEGAL ENTITY REGISTRATION

Unified Business ID #: 603 506 940
Business ID #: 1

Expires: 05-31-2016

LOCKED DOWN, LLC 139 NW CHEHALIS AVE CHEHALIS WA 98532

Domestic Limited Liability Company Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:
CT RECOVERY
LOCKED DOWN INVESTIGATIONS
LOCKED DOWN LLC
RING & SPRING BAIL BONDS
RING AND SPRING BAIL BONDS
RING N' SPRING BAIL BONDS
U RING WE SPRING BAIL BONDS
YOU RING WE SPRING BAIL BONDS

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION THIS CERTIFIES THAT THE BUSINESS NAMED HEREON IS AUTHORIZED, AS PROVIDED BY LAW, AS A , the t

Cert/Lic No.

Issued Date

Expiration Date

Pat Kohler, Director range

CHEHALIS WA 98532

P.O. BOX 1301

RING N. SPRING BAIL BONDS

139 N.W. CHEHALIS AVE

BAIL BOND AGENCY

PL-630-160 (R/6/13)

05/29/2016